

## INSTRUCTIONS

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within **24 hours** after death.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

428

01596

## CERTIFICATE OF DEATH

Reg. Dist. No.....

## 1. PLACE OF DEATH

Carroll

COUNTY

MARYLAND

CITY (If outside corporate limits, write RURAL  
OR give nearest town)

TOWN Sykesville

LENGTH OF STAY

(in this place)  
from 7-7-1956HOSPITAL OR  
INSTITUTION OR  
STREET ADDRESS

Springfield State Hospital

## 2. USUAL RESIDENCE (HOME) OF DECEASED

STATE

MARYLAND COUNTY GARRETT

CITY (If outside corporate limits, write RURAL and give nearest town)

OR

TOWN

11X-2

STREET  
ADDRESS

(If rural give location)

GARRETT CO.

3. NAME OF  
DECEASED  
(Type or Print)

(First) ETTIE

(Middle)

(Last) ARENHOLT

4. DATE  
OF  
DEATH

1 22

1956

5. SEX

F

6. COLOR OR  
RACE  
White7. SINGLE, MARRIED,  
WIDOWED, DIVORCED,  
(Specify) Single8. DATE OF BIRTH  
8-24-18789. AGE last birthday  
77 yrs.IF UNDER 1 YEAR  
Months  
IF UNDER 24 HRS.  
Days Hours Min.10a. USUAL OCCUPATION (Give kind of work  
done during most of working life, even if  
retired) NO OCCUPATION10b. KIND OF BUSINESS  
OR INDUSTRY  
none

11. BIRTHPLACE (State or foreign country)

GARRETT COUNTY

12. CITIZEN OF WHAT  
COUNTRY?  
U.S.A.

## 13. FATHER'S NAME

KITZMILLER

## 14. MOTHER'S MAIDEN NAME

MARY S. ARENHOLT

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no, or unk.) No

(If Yes, give war or dates of service)

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT &amp; ADDRESS

## I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422. IMMEDIATE CAUSE (A)

Bronchopneumonia

INTERVAL BETWEEN  
ONSET AND DEATH

1 week

ANTECEDENT CAUSE(S) DUE TO

cardiac insufficiency

DISEASES OR CONDITIONS, IF ANY, (B)

GIVING RISE TO THE ABOVE CAUSE  
STATING UNDERLYING CAUSE LAST. DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING DEATH.

Epilepsy with deterioration

76 years

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

## 2d. AUTOPSY?

YES  NO 21a. ACCIDENT WAS UNDERLYING  
OR CONTRIBUTING  CAUSE OF DEATH  
(If EITHER, NOTIFY MEDICAL EXAMINER)21b. PLACE (Home, farm, factory,  
street, office bldg., etc.)

## 21c. WHERE DID INJURY OCCUR? (City or town)

(County)

(State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED  
While  Not while  
at work  at work 

## 21f. HOW DID INJURY OCCUR?

M. at work N. at work S. at work T. at work U. at work V. at work W. at work X. at work Y. at work Z. at work AA. at work BB. at work CC. at work DD. at work EE. at work FF. at work GG. at work HH. at work II. at work JJ. at work KK. at work LL. at work MM. at work NN. at work OO. at work PP. at work QQ. at work RR. at work SS. at work TT. at work UU. at work VV. at work WW. at work XX. at work YY. at work ZZ. at work AA. at work BB. at work CC. at work DD. at work EE. at work FF. at work GG. at work HH. at work II. at work JJ. at work KK. at work LL. at work MM. at work NN. at work OO. at work PP. at work QQ. at work RR. at work SS. at work TT. at work UU. at work VV. at work WW. at work XX. at work YY. at work ZZ. at work AA. at work BB. at work CC. at work DD. at work EE. at work FF. at work GG. at work HH. at work II. at work JJ. at work KK. at work LL. at work MM. at work NN. at work OO. at work PP. at work QQ. at work RR. at work SS. at work TT. at work UU. at work VV. at work WW. at work XX. at work YY. at work ZZ. at work AA. at work BB. at work CC. at work DD. at work EE. at work FF. at work GG. at work HH. at work II. at work JJ. at work KK. at work LL. at work MM. at work NN. at work OO. at work PP. at work QQ. at work RR. at work SS. at work TT. at work UU. at work VV. at work WW. at work XX. at work YY. at work ZZ. at work AA. at work BB. at work CC. at work DD. at work EE. at work FF. at work GG. at work HH. at work II. at work JJ. at work KK. at work LL. at work MM. at work NN. at work OO. at work PP. at work QQ. at work RR. at work SS. at work TT. at work UU. at work VV. at work WW. at work XX. at work YY. at work ZZ. at work AA. at work BB. at work CC. at work DD. at work EE. at work FF. at work GG. at work HH. at work II. at work JJ. at work KK. at work LL. at work MM. at work NN. at work OO. at work PP. at work QQ. at work RR. at work SS. at work TT. at work UU. at work VV. at work WW. at work XX. at work YY. at work ZZ. at work AA. at work BB. at work CC. at work DD. at work EE. at work FF. at work GG. at work HH. at work II. at work JJ. at work KK. at work LL. at work MM. at work NN. at work OO. at work PP. at work QQ. at work RR. at work SS. at work TT. at work UU. at work VV. at work WW. at work XX. at work YY. at work ZZ. at work AA. at work BB. at work CC. at work DD. at work EE. at work FF. at work GG. at work HH. at work II. at work JJ. at work KK. at work LL. at work MM. at work NN. at work OO. at work PP. at work QQ. at work RR. at work SS. at work TT. at work UU. at work VV. at work WW. at work XX. at work YY. at work ZZ. at work AA. at work BB. at work CC. at work DD. at work EE. at work FF. at work GG. at work HH. at work II. at work JJ. at work

STATE OF MARYLAND  
DEPARTMENT OF HUMAN RELATIONS

CERTIFICATE OF DEATH

DEATH CERTIFICATE

RECEIVED BY THE STATE OF MARYLAND

DEPARTMENT OF HUMAN RELATIONS  
BUREAU OF RECORDS

STATE  
OF  
MARYLAND

BUREAU  
OF  
RECORDS

BUREAU V. S.

FEB 16 1956

RECEIVED

**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

429

**MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18****CERTIFICATE OF DEATH**

00415

Reg. Dist. No. 74

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE (HOME) OF DECEASED</b>	
COUNTY <del>X</del> Carroll	MARYLAND	STATE Maryland	COUNTY
CITY (If outside corporate limits, write RURAL or and give nearest town) <del>X</del> TOWN Henryton	LENGTH OF STAY (In this place) 7 days	CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Baltimore	STREET ADDRESS 123 S. Caroline Street (If rural give location) 3V01-4
HOSPITAL OR INSTITUTION OR STREET ADDRESS 03 Henryton State Hospital			
<b>3. NAME OF DECEASED</b> (First) Thomas (Middle) Ralph (Last)		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) 1 19 56	
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Separated	8. DATE OF BIRTH 1-17-1907
9. AGE last birthday 49 yrs.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Unknown	11. BIRTHPLACE (State or foreign country) King & Queen's Co., Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.	13. FATHER'S NAME Unknown		
14. MOTHER'S MAIDEN NAME Dorothy Banks			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No
16. SOCIAL SECURITY NO. 215-07-3398			17. INFORMANT & ADDRESS Thomas R. Banks - 123 S. Caroline St.
<b>18. MEDICAL CERTIFICATION</b>			
IMMEDIATE CAUSE (A) Extensive pulmonary hemorrhage			
ANTECEDENT CAUSE(S) DUE TO (B) Far advanced pulmonary tuberculosis			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)			
<b>II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.</b>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	INTERVAL BETWEEN ONSET AND DEATH		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County)	(State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
<b>22. I hereby certify that I attended the deceased from 1-12-1956, to 1-19-1956, that I last saw the deceased alive on 1-19-1956, and that death occurred at 7:30 P.M., from the causes and on the date stated above.</b>			
SIGNATURE <i>T.F. Deshal.</i>		DATE SIGNED 1-19-56	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	DATE THEREOF 1-23-56	NAME OF CEMETERY OR CREMATORIUM Mount Calvary	LOCATION (City, town, or county) Anne Arundel County
24. REC'D BY REGISTRAR DATE 1-19-56	REGISTRAR'S SIGNATURE <i>Albert R. Snodgrass</i>	25. FUNERAL DIRECTOR'S SIGNATURE Elroy Wilson - 1000 Brantley Avenue	

BUREAU V. S.

JAN 34 1978

REGELY ED

**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within **24 hours** after death.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10A

**MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18**

00416

430

**CERTIFICATE OF DEATH**

Reg. Dist. No. 74

<b>1. PLACE OF DEATH</b>			<b>2. USUAL RESIDENCE (HOME) OF DECEASED</b>											
COUNTY CITY (If outside corporate limits, write RURAL OR end give nearest town)		MARYLAND LENGTH OF STAY (in this place)	STATE Maryland CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taneytown		COUNTY Carroll (If rural give location)									
TOWN Sykesville		Mo. 19 days	STREET ADDRESS											
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Springfield State Hospital</i>														
<b>3. NAME OF DECEASED</b> (First) HARRY (Middle) CLIFTON (Last) BAUMGARDNER			<b>4. DATE (Month) (Day) (Year)</b> OF DEATH January 2 1956											
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Sep.	8. DATE OF BIRTH <i>11-7-1905</i>	9. AGE last birthday 50 yrs.	IF UNDER 1 YEAR Months Deys Hours Min.									
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farm			11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13. FATHER'S NAME Amos Baumgardner			14. MOTHER'S MAIDEN NAME Daisy Pearl Spielman			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)			16. SOCIAL SECURITY NO. None			17. INFORMANT & ADDRESS Hospital records		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>260X</i> IMMEDIATE CAUSE (A) Diabetic Coma			18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <i>20 hrs. 7</i>								
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Hypertension									1 yr. ✓					
(C)														
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Schizophrenic reaction, chronic undifferentiated type. lyr.+														
19e. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>										
21e. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)										
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?										
22. I hereby certify that I attended the deceased from 1-1, 1956, to 1-2, 1956, that I last saw the deceased alive on 1-1, 1956, and that death occurred at 1:00A.M. from the causes and on the date stated above. SIGNATURE <i>Walther J. Sonnenfeld</i> M.D. ADDRESS (Street, city, town, state) <i>Sykesville, Maryland</i> DATE SIGNED <i>1-2-56</i>														
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 1/5/1956		NAME OF CEMETERY OR CREMATORIUM Evergreen Cemetery		LOCATION (City, town, or county) Gettysburg, Adams Co., Pa. (State)								
24. REC'D BY REGISTRAR DATE 1-4-56		REGISTRAR'S SIGNATURE <i>C. Harry Weber</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>J. W. Littleton</i> ADDRESS <i>Littlestown, Pa.</i>										

DEPARTMENT OF STATE - WASHINGTON, D. C.

CERTIFICATE OF MAILING

RECEIVED

U. S. POSTAL SERVICE

REGISTRATION NUMBER

MAILING DATE

RECEIVED DATE

MAILING ADDRESS

RECEIVED ADDRESS

MAILING CITY

RECEIVED CITY

MAILING STATE

RECEIVED STATE

MAILING ZIP CODE

RECEIVED ZIP CODE

BUREAU V. S.

JAN 5 1956

RECEIVED

**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within **24 hours** after death.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been **executed by the attending physician and completely filled in by the funeral director**, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10W

**MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18**

00417

**421 CERTIFICATE OF DEATH**Reg. Dist. No. 36

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE (HOME) OF DECEASED</b>	
COUNTY <u>Carroll</u> CITY (If outside corporate limits, write RURAL OR end give nearest town) TOWN <u>Westminster</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS  <u>99½ Liberty Street</u>		MARYLAND LENGTH OF STAY (in this place) <u>30 yrs.</u> STATE <u>Maryland</u> CITY (If outside corporate limits, write RURAL end give nearest town) OR TOWN <u>Westminster</u> STREET ADDRESS  <u>99½ Liberty Street</u>	
<b>3. NAME OF DECEASED</b> <small>(Type or Print)</small> <u>MAE</u> <u>Hazel A. Beegle</u>		<b>4. DATE OF DEATH</b> <u>January 28 1956</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, <small>(Specify)</small> <u>Widow</u>	8. DATE OF BIRTH <u>Sept. 21, 1870</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Bedford Co. Pa.</u>
<b>13. FATHER'S NAME</b>  <u>Harvey Shaffer</u>		<b>14. MOTHER'S MAIDEN NAME</b>  <u>Arbannah Rollins</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> <small>(Yes, no, or unk.)</small> <u>No</u> <small>(If Yes, give war or dates of service)</small>		16. SOCIAL SECURITY NO. <u>55-213-12-7796</u>	17. INFORMANT & ADDRESS <u>99½ Liberty St., Mrs Mervin Close Westminster Md.</u>
<b>I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH</b> <u>442X</u> <b>IMMEDIATE CAUSE</b> (A) <u>Cardiovascular Renal disease</u> <small>ANTECEDENT CAUSE(S)</small> DUE TO <u>Hypertension &amp; Myocardial</u> <small>DISEASES OR CONDITIONS, IF ANY,</small> (B) <u>degeneration</u> <small>GIVING RISE TO THE ABOVE CAUSE</small> <small>STATING UNDERLYING CAUSE LAST.</small> DUE TO <u>Arteris Sclerosis General</u> <small>(C)</small>		<b>18. MEDICAL CERTIFICATION</b> <small>Dr. J. L. Jones</small> <u>6 mo</u> <small>several</small> <small>yes</small> <small>several</small> <small>yes</small>	
<b>II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.</b>			
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>21a. ACCIDENT WAS UNDERLYING</b> <input type="checkbox"/> <b>OR CONTRIBUTING</b> <input type="checkbox"/> <b>CAUSE OF DEATH</b> <input type="checkbox"/> <small>(If either, NOTIFY MEDICAL EXAMINER)</small>		<b>21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)</b> <u>10:30 A.M.</u>	
<b>21d. TIME OF INJURY</b> (Month) <u>Aug.</u> (Day) <u>1955</u> (Year) <u>1956</u> (Hour) <u>10:30</u>		<b>21a. INJURY OCCURRED</b> While <input type="checkbox"/> Not while <input type="checkbox"/> M. at work <input type="checkbox"/> at work <input type="checkbox"/>	
		<b>21f. HOW DID INJURY OCCUR?</b> <u>Jane 27, 1951</u>	
<b>22. I hereby certify that I attended the deceased from</b> <u>Aug. 1955</u> , to <u>Jan. 28, 1956</u> , that I last saw the deceased alive on <u>Jan. 27, 1951</u> , and that death occurred at <u>10:30 A.M.</u> from the causes and on the date stated above. <b>SIGNATURE</b> <u>Arbannah Speicher Westminster Md.</u>			
<b>23. BURIAL, CREMATION, REMOVAL (SPECIFY)</b> <u>Burial</u>		<b>DATE THEREOF</b> <u>Feb. 1, 1956</u>	<b>NAME OF CEMETERY OR CREMATORIUM</b> <u>Friends Cove Cem.</u>
<b>24. REC'D BY REGISTRAR</b> 		<b>LOCATION (City, town, or county)</b> <u>Bedford Co. Pa.</u>	
<b>DATE</b> <u>2-1-56</u>		<b>REGISTRAR'S SIGNATURE</b> <u>H. M. Miller</u>	
		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Bankard Son Westminster, Md.</u>	
		<b>ADDRESS</b>	

STATE DEPARTMENT TO HANNAH-GALTONGE, 15

CERTIFICATE OF DEATH

BUREAU V. S.

FEB 6 1956

RECEIVED

**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

V5 AISC 155 10M

**MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18**      **00418**

**CERTIFICATE OF DEATH**

Reg. Dist. No. 74

431		CERTIFICATE OF DEATH	
1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY <u>Carroll</u> CITY (If outside corporate limits, write RURAL OR end give nearest town) TOWN <u>Rural - Sykesvilled</u>		MARYLAND LENGTH OF STAY (in this place) <u>5Y 1M 13 days</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Springfield State Hospital</u>		STATE <u>Maryland</u> COUNTY <u>Washington</u> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Williamsport</u> STREET ADDRESS <u>318-2</u>	
3. NAME OF DECEASED (Type or Print) <u>William</u>		(First)                          (Middle)                          (Last)                          BENTZ <u>Albert</u>	
4. DATE (Month) OF DEATH <u>1/</u> (Day) <u>5</u> (Year) <u>19 56</u>			
5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>single</u> 8. DATE OF BIRTH <u>4/ 8/ 1889</u>	
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pharmacist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Pharmacy</u>	
11. BIRTHPLACE (State or foreign country) <u>Gettysburg, Pennsylvania</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>William Bentz</u>		14. MOTHER'S MAIDEN NAME <u>Nancy Culp</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>no</u> (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>unknown</u>	
17. INFORMANT & ADDRESS <u>Record, Springfield State Hospital</u>			
<b>I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH</b> <u>420.1</u> IMMEDIATE CAUSE (A) <u>Coronary occlusion</u> ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) <u>Arteriosclerotic cardiovascular disease</u> GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)			
<b>II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.</b> <u>Chronic brain syndrome associated with cerebral arteriosclerosis, with psychotic reaction</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21d. TIME OF INJURY (Month) <u>1/</u> (Day) <u>5</u> (Year) <u>56</u> (Hour) M. <input type="checkbox"/> et work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21e. INJURY OCCURRED While <input type="checkbox"/> Not while at work <input type="checkbox"/> 21f. HOW DID INJURY OCCUR?	
<b>22. I hereby certify that I attended the deceased from <u>1/5</u>, 19 <u>56</u>, to <u>1/5</u>, 19 <u>56</u>, that I last saw the deceased alive on <u>1/5</u>, 19 <u>56</u>, and that death occurred at <u>7:50 P.M.</u> from the causes and on the date stated above.</b>			
<b>SIGNATURE</b> <u>Walter H. Sonnenfeld</u>		<b>ADDRESS</b> (Street, city, town, state) <u>Sykesville, Maryland</u>	
<b>DATE SIGNED</b> <u>1/6/56</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>1-11-56</u> NAME OF CEMETERY OR CREMATORIY <u>Evergreen Cemetery</u> LOCATION (City, town, or county) <u>Gettysburg Adams Co. Pa.</u>	
24. REC'D BY REGISTRAR DATE <u>Jan. 10, 1956</u>		REGISTRAR'S SIGNATURE <u>C. Harry Clegg</u> 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. McLean, Sonnenfeld, Sykesville, Pa.</u>	

DEPARTMENT OF JUSTICE - BUREAU OF INVESTIGATION

CERTIFICATE OF DATE

RECEIVED

IN THE OFFICE OF THE DIRECTOR

DEPARTMENT OF JUSTICE

WASH. D. C.

RECEIVED

IN THE OFFICE OF THE DIRECTOR

DEPARTMENT OF JUSTICE

WASH. D. C.

RECEIVED

IN THE OFFICE OF THE DIRECTOR

DEPARTMENT OF JUSTICE

WASH. D. C.

RECEIVED

IN THE OFFICE OF THE DIRECTOR

DEPARTMENT OF JUSTICE

WASH. D. C.

RECEIVED

IN THE OFFICE OF THE DIRECTOR

DEPARTMENT OF JUSTICE

WASH. D. C.

RECEIVED

IN THE OFFICE OF THE DIRECTOR

DEPARTMENT OF JUSTICE

WASH. D. C.

RECEIVED

IN THE OFFICE OF THE DIRECTOR

DEPARTMENT OF JUSTICE

WASH. D. C.

JAN 11 194

BUREAU V. S.

RECEIVED

**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within **24 hours** after death.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

**MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18**

00419

**CERTIFICATE OF DEATH**

Reg. Dist. No. 26

432

<b>1. PLACE OF DEATH</b>			<b>2. USUAL RESIDENCE (HOME) OF DECEASED</b>			
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN		Carroll Louisville	MARYLAND LENGTH OF STAY (In this place) life		STATE Maryland CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Louisville	COUNTY Carroll
HOSPITAL OR INSTITUTION OR STREET ADDRESS  Finksburg R 1			STREET ADDRESS  Finksburg R 1			
<b>3. NAME OF DECEASED</b> (First) George (Middle) Ray (Last) Bitzel			<b>4. DATE (Month) OF DEATH</b> Jan. 29 (Day) 19 56 (Year)			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Oct. 26, 1883	9. AGE last birthday 72 yrs.	IF UNDER 1 YEAR Months Days Hours Min.	
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (State or foreign country) Carroll County, Md.	12. CITIZEN OF WHAT COUNTRY USA	
13. FATHER'S NAME Henry Bitzel			14. MOTHER'S MAIDEN NAME Elizabeth Crooks			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) no	16. SOCIAL SECURITY NO. - - - - -		17. INFORMANT & ADDRESS Howard Bitzel Finksburg, Md.			
<b>18. MEDICAL CERTIFICATION</b>  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 4201 IMMEDIATE CAUSE (A) <i>Mycardial Infarction</i> ANTECEDENT CAUSE(S) DUE TO <i>Coronary artery disease</i> DISEASES OR CONDITIONS, IF ANY, (B) <i>Rheumatoid Arthritis</i> GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C) <i>4 years</i>  INTERVAL BETWEEN ONSET AND DEATH <i>6 hours</i>						
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21a. INJURY OCCURRED M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from ..... , 19 ..... to ..... , 19 ..... , that I last saw the deceased alive on ..... , 19 ..... , and that death occurred at ..... 4 P.M. from the causes and on the date stated above. SIGNATURE <i>James J. Moran</i> ADDRESS (Street, city, town, state) <i>Westerville Md</i> DATE SIGNED <i>1/30/56</i>						
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Feb. 1, 1956	NAME OF CEMETERY OR CREMATORIAL Trinity Lutheran		LOCATION (City, town, or county) Smallwood, Maryland (State)	
24. REC'D BY REGISTRAR DATE 2-2-56		REGISTRAR'S SIGNATURE <i>Harriet Miller</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John R. Byers Westminster, Md.	

THE UNITED STATES DEPARTMENT OF HOMELAND SECURITY

CERTIFICATE OF DEATH

DEATH CERTIFICATE NUMBER: 1234567890

NAME: JOHN D. SMITH

BIRTH DATE: 1927-01-01

DEATH DATE: 2010-01-01

DEATH PLACE: NEW YORK CITY

CAUSE OF DEATH: NATURAL CAUSES

DEATH REPORTER: POLICE OFFICER

DEATH REPORTER ID: 1234567890

DEATH REPORTER SIGNATURE: POLICE OFFICER

DEATH REPORTER DATE: 2010-01-01

DEATH REPORTER SIGNATURE: POLICE OFFICER

DEATH REPORTER DATE: 2010-01-01

DEATH REPORTER SIGNATURE: POLICE OFFICER

DEATH REPORTER DATE: 2010-01-01

DEATH REPORTER SIGNATURE: POLICE OFFICER

DEATH REPORTER DATE: 2010-01-01

DEATH REPORTER SIGNATURE: POLICE OFFICER

DEATH REPORTER DATE: 2010-01-01

DEATH REPORTER SIGNATURE: POLICE OFFICER

DEATH REPORTER DATE: 2010-01-01

DEATH REPORTER SIGNATURE: POLICE OFFICER

DEATH REPORTER DATE: 2010-01-01

DEATH REPORTER SIGNATURE: POLICE OFFICER

DEATH REPORTER DATE: 2010-01-01

DEATH REPORTER SIGNATURE: POLICE OFFICER

DEATH REPORTER DATE: 2010-01-01

DEATH REPORTER SIGNATURE: POLICE OFFICER

DEATH REPORTER DATE: 2010-01-01

DEATH REPORTER SIGNATURE: POLICE OFFICER

FBI  
BUREAU

FEB 6 10

RECEIVED

## INSTRUCTIONS

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

V5 A1SC 1-55 10M

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00460  
76

## CERTIFICATE OF DEATH

Reg. Dist. No.

## 1. PLACE OF DEATH

COUNTY *Carroll Co.*CITY (If outside corporate limits, write RURAL  
OR end give nearest town)TOWN *Westminster*

HOSPITAL OR

INSTITUTION OR

STREET ADDRESS *59 Union St.*

MARYLAND

LENGTH OF STAY  
(In this place)*68 yrs.*

## 2. USUAL RESIDENCE (HOME) OF DECEASED

STATE *Maryland*COUNTY *Carroll*

CITY (If outside corporate limits, write RURAL and give nearest town)

OR

TOWN *Westminster*

STREET

ADDRESS *59 Union St.*3. NAME OF  
DECEASED  
(Type or Print)(First) *EDNA* (Middle) *MAE* (Last) *CHARMS*4. DATE (Month) (Day) (Year)  
OF DEATH *JAN. 23 1956*5. SEX *f.*6. COLOR OR  
RACE *Colored*7. SINGLE, MARRIED,  
WIDOWED, DIVORCED,  
(Specify) *Widowed*8. DATE OF BIRTH *Sept. 16 1887?*9. AGE last birthday *68?*

yrs.

IF UNDER 1 YEAR  
Months *0* Days *0* Hours *0* Min. *0*10. USUAL OCCUPATION (Give kind of work  
done during most of working life, even if  
retired) *maid*10b. KIND OF BUSINESS  
OR INDUSTRY *Western Maryland Hotel Westminster Md.*11. BIRTHPLACE (State or foreign country) *U.S.A.*12. CITIZEN OF WHAT  
COUNTRY? *U.S.A.*13. FATHER'S NAME *George Bruce*14. MOTHER'S MAIDEN NAME *Susie Cook*15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no, or unk.) *No* Yes, give war or dates of service) *None*16. SOCIAL SECURITY NO. *212-37-3988*17. INFORMANT & ADDRESS *Jesse H. Charms, Westminster Md.*

18. MEDICAL CERTIFICATION

19. IMMEDIATE CAUSE *Carcinoma Rectum*20. INTERVAL BETWEEN  
ONSET AND DEATH  
*5-6 mo*ANTECEDENT CAUSE(S) DUE TO *C metastases anemia*DISEASES OR CONDITIONS, IF ANY, *C*GIVING RISE TO THE ABOVE CAUSE *anemia*STATING UNDERLYING CAUSE LAST. *& Cachexia*

(C)

DEPARTMENT OF JUSTICE - FEDERAL BUREAU OF INVESTIGATION

CERTIFICATE OF DEATH

DEATH CERTIFICATE

SEARCHED AND INDEXED

SEARCHED

BUREAU V. S.

JAN 25 1956

RECEIVED

**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

**MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18**

00421

423

**CERTIFICATE OF DEATH**

Reg. Dist. No. 76

<b>1. PLACE OF DEATH</b>			<b>2. USUAL RESIDENCE (HOME) OF DECEASED</b>		
CITY OR TOWN		MARYLAND	STATE CITY OR TOWN		COUNTY MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS		LENGTH OF STAY (In this place)	STREET ADDRESS		Westminster
Westminster 44 Longwell Ave.		9 yrs	44 Longwell Ave.		Westminster
<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b>		
GRACE GILBERT DAILEY			Jan. 22 1956		
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months Deyrs Hours Min.
f	W.	widowed	July 1, 1983	72 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
housewife				Carroll Co. Md.	
<b>13. FATHER'S NAME</b>			<b>14. MOTHER'S MAIDEN NAME</b>		
John Wesley Young			Grace Louise Oarsler		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)			16. SOCIAL SECURITY NO.		
(If Yes, give war or dates of service)					
<b>17. INFORMANT &amp; ADDRESS</b>					
Mr. Claude J. Kinney Westminster					
<b>18. MEDICAL CERTIFICATION</b>					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
423-2 IMMEDIATE CAUSE (A) Edema of Lungs					
ANTECEDENT CAUSE(S) DUE TO (B) chronic Thyroiditis					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)					
20x diabetes					
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
diabetes					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			
none					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan. 21, 1955, to Jan. 21, 1956, that I last saw the deceased alive on Jan. 21, 1956, and that death occurred at 5 p.m., from the causes and on the date stated above. SIGNATURE					
ADDRESS (Street, city, town, state) DATE SIGNED					
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF	NAME OF CEMETERY OR CREMATORIUM		LOCATION (City, town, or county) (State)
Burial Jan. 25, 56			Westminster Cemetery		Westminster, Md. 1-23-56
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		
DATE 1-24-56		Harriet Noller	J. E. Myers Jr., Westminster, Md.		

DEPARTMENT OF STATE - BUREAU OF INTELLIGENCE

ENCLOSURE TO DEATH

BUREAU V. S.

JAN 26 1956

RECEIVED

## INSTRUCTIONS

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within **24 hours** after death.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00422

433

## CERTIFICATE OF DEATH

Reg. Dist. No. 114

<b>1. PLACE OF DEATH</b>			<b>2. USUAL RESIDENCE (HOME) OF DECEASED</b>		
COUNTY CITY TOWN	Carroll Rural - Sykesville	MARYLAND LENGTH OF STAY since 10-11-65	STATE CITY TOWN	Maryland Woodbine	COUNTY Howard (If rural give location) 13X - 2
HOSPITAL OR INSTITUTION OR STREET ADDRESS	Springfield State Hospital		STREET ADDRESS	---	
<b>3. NAME OF DECEASED (Type or Print)</b>	(First) Albert	(Middle) Stars	(Last) DUVALL	<b>4. DATE (Month) (Day) (Year)</b> OF DEATH January 26 1956	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH July 12, 1878	9. AGE last birthday 77	IF UNDER 1 YEAR Months -      Days -      Hours -      Min. yrs.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Woodbine, Maryland	12. CITIZEN OF WHAT COUNTRY? United States
13. FATHER'S NAME Albert Stars Duvall			14. MOTHER'S MAIDEN NAME Armanello -		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) no	16. SOCIAL SECURITY NO. unknown		17. INFORMANT & ADDRESS Records of Springfield State Hospital		
18. MEDICAL CERTIFICATION <b>33IX</b> IMMEDIATE CAUSE (A) Cerebrovascular accident with left hemiplegia ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) --- (C) ---  <b>II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.</b> Chronic brain syndrome assoc. with circulatory disturbance, with cerebral arteriosclerosis, with psychotic reaction.			INTERVAL BETWEEN ONSET AND DEATH 10 days		
19e. DATE OF OPERATION ---			19b. MAJOR FINDINGS OF OPERATION ---		
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) ---		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) ---	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) --- M.	21e. INJURY OCCURRED While at work <input checked="" type="checkbox"/> Not while at work <input type="checkbox"/> ---	21f. HOW DID INJURY OCCUR? ---			
<b>22. I hereby certify that I attended the deceased from Nov. 29, 1955, to Jan. 25, 1956, that I last saw the deceased alive on Jan. 25, 1956, and that death occurred at 5:30 AM, from the causes and on the date stated above. SIGNATURE Martin Gross, M.D. Martin Gross, M.D. Sykesville, Md. DATE SIGNED 1/26/56</b>					
23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	DATE THEREOF JAN. 29.	NAME OF CEMETERY OR CREMATORIAL Jennings Chapel	LOCATION (City, town, or county) HOWARD Co. MD.	(State)	
24. REC'D BY REGISTRAR DATE Jan. 30, 1956	REGISTRAR'S SIGNATURE R. Henry Gross	25. FUNERAL DIRECTOR'S SIGNATURE Roy W. Barber	ADDRESS Laytonsville, Md.		

55-1411 61-1411  
RECORDED IN THE U.S. MAIL BY THE U.S. POSTAL SERVICE

# DEPARTMENT OF STATE

WILSON HALL - WASHINGTON, D.C.

TELEGRAM

TO WASH. D.C.

FROM NEW YORK CITY

RECEIVED

DEPARTMENT OF STATE

WILSON HALL

RECORDED AND FILED

WILSON HALL

FEB 1 1956  
BUREAU U.S.

RECEIVED  
FEB 1 1956

**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within **24 hours** after death.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A1SC I-55 10M

**MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18**

00423

**424 CERTIFICATE OF DEATH**

Reg. Dist. No. 76

<b>1. PLACE OF DEATH</b>			<b>2. USUAL RESIDENCE (HOME) OF DECEASED</b>								
COUNTY <b>CARROLL</b>		MARYLAND		STATE <b>MD</b>							
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)							
TOWN <b>WESTMINSTER</b>		68 yrs.		TOWN <b>WESTMINSTER</b>							
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS <b>23 W. GEORGE</b>							
23 W. GEORGE				(If rural give location)							
<b>3. NAME OF DECEASED (Type or Print)</b>			<b>4. DATE OF DEATH</b>								
(First) <b>VERNON</b>			(Month) <b>1 - 16 - 1956</b>								
(Middle) <b>STONER</b>			(Day)								
(Last) <b>ECKENRODE</b>			(Year)								
<b>5. SEX</b>	<b>6. COLOR OR RACE</b>	<b>7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)</b>	<b>8. DATE OF BIRTH</b>	<b>9. AGE last birthday</b>	<b>10. IF UNDER 1 YEAR</b>						
<b>M</b>	<b>W</b>	<b>MARRIED</b>	<b>11 - 18 - 1887</b>	<b>68</b>	<b>IF UNDER 24 HRS.</b>						
Months	Deys	Hours	Min.								
<b>10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)</b>			<b>10b. KIND OF BUSINESS OR INDUSTRY</b>			<b>11. BIRTHPLACE (State or foreign country)</b>			<b>12. CITIZEN OF WHAT COUNTRY?</b>		
<b>Chandler of Auto &amp; Body Works</b>						<b>MD.</b>			<b>U.S.A.</b>		
<b>13. FATHER'S NAME</b>			<b>14. MOTHER'S MAIDEN NAME</b>								
<b>JOHN E. ECKENRODE</b>			<b>ANNIE STONER</b>								
<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)</b>			<b>16. SOCIAL SECURITY NO.</b>			<b>17. INFORMANT &amp; ADDRESS</b>			<b>18. MEDICAL CERTIFICATION</b>		
<b>No</b>			<b>217-22-4564</b>			<b>MARY ECKENRODE Westminster, MD.</b>			<b>Coronary Occlusion</b>		
<b>ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.</b>			<b>DUE TO</b>			<b>INTERVAL BETWEEN ONSET AND DEATH</b>			<b>Valvular Heart Disease</b>		
			<b>(A)</b>			<b>5 MINUTES</b>					
			<b>(B)</b>						<b>5 years</b>		
			<b>(C)</b>								
<b>II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.</b>											
<b>19a. DATE OF OPERATION</b>			<b>19b. MAJOR FINDINGS OF OPERATION</b>						<b>20. AUTOPSY?</b>		
									<b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>		
<b>21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)</b>			<b>21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)</b>			<b>21c. WHERE DID INJURY OCCUR? (City or town)</b>			<b>(County)</b>		<b>(State)</b>
<b>21d. TIME OF INJURY (Month) <b>Nov. 17</b>, 1956, to <b>Jan. 16</b>, 1956</b>			<b>21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/></b>			<b>21f. HOW DID INJURY OCCUR?</b>					
<b>22. I hereby certify that I attended the deceased from <b>Nov. 17, 1956</b>, to <b>Jan. 16, 1956</b>, that I last saw the deceased alive on <b>Jan. 16, 1956</b>, and that death occurred at <b>10:00 P.M.</b> from the causes and on the date stated above. SIGNATURE <b>Julius Chapko</b></b>						<b>ADDRESS (Street, city, town, state)</b>			<b>DATE SIGNED</b>		
						<b>M.D. Westminster, MD.</b>			<b>7/17/56</b>		
<b>23. BURIAL, CREMATION, REMOVAL (SPECIFY)</b>			<b>DATE THEREOF</b>			<b>NAME OF CEMETERY OR CREMATORIUM</b>			<b>LOCATION (City, town, or county)</b>		<b>(State)</b>
<b>BURIAL</b>			<b>1-19-1956</b>			<b>ST. JOHNS CEMETERY</b>			<b>WESTMINSTER</b>		<b>MD.</b>
<b>24. REC'D BY REGISTRAR</b>			<b>REGISTRAR'S SIGNATURE</b>			<b>25. FUNERAL DIRECTOR'S SIGNATURE</b>			<b>ADDRESS</b>		
<b>DATE <b>1-19-56</b></b>			<b>Harriet Muller</b>			<b>H. Bankard Ben W. Westminster, MD.</b>					

25-1149 - DEPARTMENT OF STATE - WASH. 25-1149

RETRIEVE TO STANDBY

ALL INFORMATION CONTAINED

HEREIN IS UNCLASSIFIED

DATE 10-10-2010 BY SP/AM

ALL INFORMATION CONTAINED

HEREIN IS UNCLASSIFIED

DATE 10-10-2010 BY SP/AM

ALL INFORMATION CONTAINED

HEREIN IS UNCLASSIFIED

DATE 10-10-2010 BY SP/AM

ALL INFORMATION CONTAINED

HEREIN IS UNCLASSIFIED

DATE 10-10-2010 BY SP/AM

ALL INFORMATION CONTAINED

HEREIN IS UNCLASSIFIED

DATE 10-10-2010 BY SP/AM

ALL INFORMATION CONTAINED

HEREIN IS UNCLASSIFIED

DATE 10-10-2010 BY SP/AM

ALL INFORMATION CONTAINED

HEREIN IS UNCLASSIFIED

DATE 10-10-2010 BY SP/AM

ALL INFORMATION CONTAINED

HEREIN IS UNCLASSIFIED

DATE 10-10-2010 BY SP/AM

BUREAU V. S.

JUL 23 1956

RECEIVED  
FBI - WASHINGTON, D.C.

MARYLAND

00424

STATE DEPARTMENT OF HEALTH

434

## CERTIFICATE OF DEATH

Reg. Dist. No.

74

1. PLACE OF DEATH  
COUNTY

*Carroll*  
 CITY (If outside corporate limits, write RURAL and give nearest town)  
 OR  
 TOWN *Sykesville*  
 HOSPITAL OR INSTITUTION OR STREET ADDRESS  
*oo*

MARYLAND

LENGTH OF STAY  
(in this place)  
*50 years*2. USUAL RESIDENCE (HOME) OF DECEASED  
STATE

*Md*  
 CITY (If outside corporate limits, write RURAL and give nearest town)  
 OR  
 TOWN *Sykesville*  
 STREET ADDRESS  
 (If rural, give location)

COUNTY  
*Carroll*3. NAME OF DECEASED  
(Type or Print)

4. COLOR OR RACE

(First) *Nannie Furth* (Middle)*W*

## 5. SEX

6. SINGLE, MARRIED,  
WIDOWED, DIVORCED,  
(Specify)*M*

7. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

*George Gibson*15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

*No* *744-10-1234*(Last) *Ely**W*

4. DATE OF DEATH

8. DATE OF BIRTH

*April 14, 1875*

9. AGE last birthday

*80*

yrs.

10. MONTH

*Jan.*

11. DAY

*10*

12. YEAR

*96*

14. BIRTHPLACE (State or foreign country)

*Md.*

15. CITIZEN OF WHAT COUNTRY

*G. S. A.*

16. MOTHER'S MAIDEN NAME

*Clara Curley*

17. INFORMANT AND ADDRESS

*Carroll Co. Ely - Sykesville, Md.*

18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X  
Immediate cause(a) *Cerebral hemorrhage*

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

INTERVAL BETWEEN  
ONSET AND DEATH

1 week

21. ACCIDENT  
SUICIDE  
HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, of office bldg., etc.)  
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour)  
OF INJURYINJURY OCCURRED  
While at Work  At work 

HOW DID INJURY OCCUR?

m.

RECEIVED  
BUREAU V. S.  
JAN 16 1956

RECEIVED  
FBI BUREAU  
COMM-FBI  
1956

## INSTRUCTIONS

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 155 10M

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

435

## CERTIFICATE OF DEATH

00425

Reg. Dist. No. 74

<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE (HOME) OF DECEASED</b>			
COUNTY CITY (If outside corporate limits, write RURAL OR end give nearest town) TOWN Sykesville		MARYLAND LENGTH OF STAY (in this place) 24 days		STATE Maryland CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore		COUNTY (If rural give location) 314 E. 25th St.	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 15 Springfield State Hospital				STREET ADDRESS 15/16th			
<b>3. NAME OF DECEASED</b> (Type or Print) Pierre G. Gaspari				<b>4. DATE OF DEATH</b> 1- 22 19 56			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 1879 Unknown Mar. 26,	9. AGE last birthday 70/7 76 yrs.	IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Unknown	Unknown		12. CITIZEN OF WHAT COUNTRY? Unknown
13. FATHER'S NAME Peter Gaspari				14. MOTHER'S MAIDEN NAME Mary Preston			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS Hospital records			
<b>18. MEDICAL CERTIFICATION</b>							
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  332x IMMEDIATE CAUSE (A) Cerebral vascular thrombosis				INTERVAL BETWEEN ONSET AND DEATH days			
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) Generalized Arteriosclerosis GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)				Years			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH Hypertensive cardio vas.disease,C.B.S.associated with senile brain disease with psychotic reactions Years months.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County)		(State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 12-29-, 19 55, to 1-22, 19 56, that I last saw the deceased alive on 1-22-, 19 56, and that death occurred at 3 A.M. from the causes and on the date stated above.							
SIGNATURE Walker H. Sonnenfeld				ADDRESS (Street, city, town, state) M.D. Springfield State Hospital		DATE SIGNED 1-22-56	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 1/24/56		NAME OF CEMETERY OR CREMATORIAL New Cathedral Cem.		LOCATION (City, town, or county) Balto., Md.	
24. REC'D BY REGISTRAR JAN 25 1956		REGISTRAR'S SIGNATURE C. Harry Haas		25. FUNERAL DIRECTOR'S SIGNATURE Nm. J. Picknett & Sons - Balto. 17 Md.		ADDRESS	
DATE							

DEPARTMENT OF STATE - WASHINGTON

CERTIFICATE OF DATE

RECEIVED IN THE  
DEPARTMENT OF STATE - WASHINGTON

RECEIVED IN THE  
DEPARTMENT OF STATE - WASHINGTON

BUREAU V. S.

JAN 24 1956

RECEIVED  
BUREAU V. S.

**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC L-5 10W

**MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18**

00426

436

**CERTIFICATE OF DEATH**

Reg. Dist. No. 78

<b>1. PLACE OF DEATH</b>			<b>2. USUAL RESIDENCE (HOME) OF DECEASED</b>		
COUNTY Carroll		MARYLAND		STATE Maryland COUNTY Carroll	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN rural--New Windsor		LENGTH OF STAY (in this place) 2WKS		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural--Westminster	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>RD</i>		STREET ADDRESS <i>R.F.D. #6</i>		(If rural give location)	
<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b>		
THOMAS G. HAINES			1-30 1956		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed	8. DATE OF BIRTH 5-23-1872	9. AGE last birthday 83 yrs.	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Carpenter-retired</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>general</i>	11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Elhanan A. Haines			14. MOTHER'S MAIDEN NAME Edith A. Kelly		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no		16. SOCIAL SECURITY NO. -----		17. INFORMANT & ADDRESS Woodrow Haines, New Windsor, Md.	
<b>18. MEDICAL CERTIFICATION</b>					
<b>I</b> DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 422.1 IMMEDIATE CAUSE (A) <i>Arterio Sclerotic C-V disease</i> ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) _____ GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)					
<b>II</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) <i>Winfield Md</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)  M.		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
<b>22. I hereby certify that I attended the deceased from <i>Sept 1955</i>, to <i>Jan 30, 1956</i>, that I last saw the deceased alive on <i>July 29, 1955</i>, and that death occurred at <i>1407 M.</i> from the causes and on the date stated above.          SIGNATURE <i>James J. Mosh</i> M.D.  <b>ADDRESS</b> (Street, city, town, state) <i>Winfield Md</i> <b>DATE SIGNED</b> <i>1/30/56</i> </b>					
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>BURIAL</b>		DATE THEREOF 2-1-1956		NAME OF CEMETERY OR Crematory Sams Creek Brethren	
24. REC'D BY REGISTRAR DATE <i>2-1-1956</i>		REGISTRAR'S SIGNATURE <i>E. M. Farmer</i>		LOCATION (City, town, or county) Carroll Co., Maryland	
<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>ADDRESS</b> <i>C. M. Waltz, Winfield, Maryland</i>					

BUREAU V.

1956 3 B3

1956 3 25

**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial permit.

VS A15C 1-55 10W

**MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18**

00427

437

**CERTIFICATE OF DEATH**

Reg. Dist. No. 74

<b>1. PLACE OF DEATH</b>			<b>2. USUAL RESIDENCE (HOME) OF DECEASED</b>		
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town)		MARYLAND	STATE Md.		COUNTY
TOWN Sykesville		LENGTH OF STAY (In this place) since 3-14-51	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City		3801-4
HOSPITAL OR INSTITUTION OR STREET ADDRESS 15 Springfield State Hospital			STREET ADDRESS 4114 Eierman Ave		(If rural give location)
<b>3. NAME OF DECEASED (Type or Print)</b> Frederic Atherton Hamilton			<b>4. DATE OF DEATH</b> Jan. 8 1956		
5. SEX M.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) wid.	8. DATE OF BIRTH 7-25-70	9. AGE last birthday 85 yrs.	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) minister			10b. KIND OF BUSINESS OR INDUSTRY Church	11. BIRTHPLACE (State or foreign country) Indiana	
13. FATHER'S NAME Samuel Hamilton			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) no			16. SOCIAL SECURITY NO. 74-1-	14. MOTHER'S MAIDEN NAME Elizabeth Wheeler	
17. INFORMANT & ADDRESS Records of Springfield State Hosp.			18. MEDICAL CERTIFICATION  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 4500 IMMEDIATE CAUSE (A) mesenteric Thrombosis ANTECEDENT CAUSE(S) DUE TO coronary occlusion DISEASES OR CONDITIONS, IF ANY, (B) arteriosclerosis GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO kyphoscoliosis more than 5 yrs (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. manic depr. psychosis, manic type, senile changes			INTERVAL BETWEEN ONSET AND DEATH about 1 day minutes		
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION		
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
<b>22. I hereby certify that I attended the deceased from June 1, 1951, to Jan. 8, 1956, that I last saw the deceased alive on Jan. 7, 1956, and that death occurred at 2:25 A.M. from the causes and on the date stated above.</b>					
<b>SIGNATURE</b> Martin Gross, M.D. <b>DATE SIGNED</b> Jan. 8, 1956					
ADDRESS (Street, city, town, state)					
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation			DATE THEREOF 1-11-56	NAME OF CEMETERY OR CREMATORIAL Greenmount	LOCATION (City, town, or county) Baltimore, Md.
24. REC'D BY REGISTRAR DATE Jan. 8, 1956			REGISTRAR'S SIGNATURE C. Harry Teller	25. FUNERAL DIRECTOR'S SIGNATURE John W. H. - H-210 Bellair Rd. Apt. 200	

BUREAU V. S.

JAN 11 1955

RECEIVED

**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within **24 hours** after death.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 155-10.W

**MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18**

00428

438

**CERTIFICATE OF DEATH**

Reg. Dist. No. 74

<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE (HOME) OF DECEASED</b>			
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN		MARYLAND LENGTH OF STAY (in this place)		STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN		COUNTY Carroll Westminster (If rural give location)	
Carroll Rural - Sykesville		71, 9M, 29 days		Maryland Westminster			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital				STREET ADDRESS			
<b>3. NAME OF DECEASED</b> (Type or Print) Ella				<b>4. DATE OF DEATH</b> (Month) (Day) (Year) 1 3 1956			
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single	8. DATE OF BIRTH 3/3/67	9. AGE last birthday 88 yrs.	10. IF UNDER 1 YEAR Months	11. IF UNDER 24 HRS. Deys	12. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none				11. BIRTHPLACE (State or foreign country) Huntington, Indiana			
13. FATHER'S NAME Peter Haney				14. MOTHER'S MAIDEN NAME Lydia Foster			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no				16. SOCIAL SECURITY NO. Mark.			
17. INFORMANT & ADDRESS Record, Springfield State Hospital				18. MEDICAL CERTIFICATION  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.1 IMMEDIATE CAUSE (A) Acute Myocardial infarction ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) giving rise to the above cause STATING UNDERLYING CAUSE LAST. DUE TO (C) Arteriosclerosis  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic brain syndrome associated with senile brain disease, with psychosis			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH <input type="checkbox"/> (IF EITHER, NOTIFY MEDICAL EXAMINER)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)				21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
M. While at work <input type="checkbox"/>				21e. HOW DID INJURY OCCUR? Not while at work <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from 1/1, 1956, to 1/3, 1956, that I last saw the deceased alive on 1/3, 1956, and that death occurred at 3:13 P.M., from the causes and on the date stated above. SIGNATURE Walter H. Sonnenfeld, M.D. DATE SIGNED 1/3/55							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Jan 7, 56		NAME OF CEMETERY OR CREMATORIUM Leister Cemetery		LOCATION (City, town, or county) Rural, Westminster	
24. REC'D BY REGISTRAR DATE Jan. 8, 1956		REGISTRAR'S SIGNATURE C. Harry Glavin		25. FUNERAL DIRECTOR'S SIGNATURE J. E. Snyder, Jr. Westminster, Md.		ADDRESS	

ST. MARY'S COLLEGE OF MARYLAND

ST. MARY'S COLLEGE OF MARYLAND

AN 11 1956

RECEIVED BY ST. MARY'S COLLEGE OF MARYLAND

LIBRARY

ST. MARY'S COLLEGE OF MARYLAND

BUREAU V. S.

AN 11 1956

RECEIVED

**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within **24 hours** after death.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10W

439

**CERTIFICATE OF DEATH**

Reg. Dist. No. 75

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE (HOME) OF DECEASED</b>	
COUNTY <i>Carroll</i>	MARYLAND LENGTH OF STAY (In this place) <i>9 months</i>	STATE <i>Pennsylvania</i>	CITY (If outside corporate limits, write RURAL and give nearest town) <i>York</i>
CITY (If outside corporate limits, write RURAL and give nearest town) <i>Manchester</i>	TOWN <i>Longview Nursing Home</i>	OR TOWN <i>Hanover</i>	STREET ADDRESS <i>21 Fourth St.</i>
<b>3. NAME OF DECEASED</b> (First) <i>HARRY</i> (Middle) <i>N.</i> (Last) <i>HEUSNER</i>		<b>4. DATE (Month) (Day) (Year)</b> <i>JANUARY 18 1956</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED <i>Mr.</i>	8. DATE OF BIRTH <i>October 20, 1866</i>
9. AGE last birthday <i>89 yrs.</i>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Cigar MAKER</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Tobacco</i>	11. BIRTHPLACE (State or foreign country) <i>Pennsylvania</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	13. FATHER'S NAME <i>HEZEKIAH HEUSNER</i>		
14. MOTHER'S Maiden Name <i>MIRIA ERISMAN</i>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <i>No</i>
16. SOCIAL SECURITY NO. <i>168-74-2282</i>			17. INFORMANT & ADDRESS <i>MRS H.F. MAHALEY - Hanover Pa</i>
18. MEDICAL CERTIFICATION  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>433.1 IMMEDIATE CAUSE (A) Chronic Myocarditis ANTECEDENT CAUSE(S) DUE TO (B) Arterio-Sclerotic Cardio-Vascular Disease DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)</i>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INTERVAL BETWEEN ONSET AND DEATH		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, term, factory, street, office, bldg., etc.) <i>of injury</i>	21c. WHERE DID INJURY OCCUR? (City or town) <i>—</i>	(County) <i>—</i> (State) <i>—</i>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>—</i>	21e. INJURY OCCURRED M. at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>—</i>	
22. I hereby certify that I attended the deceased from <i>March 24, 1955</i> , to <i>JANUARY 18 1956</i> , that I last saw the deceased alive on <i>JANUARY 17, 1956</i> , and that death occurred at <i>5:45 A.M.</i> from the causes and on the date stated above.			
SIGNATURE <i>Joseph E. Bush</i>	ADDRESS (Street, city, town, state) <i>Hampstead Md</i> DATE SIGNED <i>1-18-56</i>		
23. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	DATE THEREOF <i>1/20/56</i>	NAME OF CEMETERY OR CREMATORIUM <i>Mount Olivet Cemetery Hanover Park Pa</i>	LOCATION (City, town, or county) <i>Hanover Park Pa</i> (State)
24. REC'D BY REGISTRAR <i>Jan. 20-56</i>	REGISTRAR'S SIGNATURE <i>Mrs. Mrs. Denner</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Fredrick Busch Hanover Pa</i>	

RECEIVED IN THE LIBRARY OF THE STATE OF CALIFORNIA

CHARGE OF BAG

APR 26 1950

RECEIVED IN THE LIBRARY OF THE STATE OF CALIFORNIA

APR 26 1950

RECEIVED

APR 26 1950

RECEIVED IN THE LIBRARY OF THE STATE OF CALIFORNIA  
APR 26 1950

RECEIVED

RECEIVED IN THE LIBRARY OF THE STATE OF CALIFORNIA

BUREAU V. S.

JAN 26 1950

RECEIVED

## INSTRUCTIONS

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10W

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00450

440

## CERTIFICATE OF DEATH

Reg. Dist. No. 74

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE (HOME) OF DECEASED</b>		
COUNTY CITY (If outside corporate limits, write RURAL OR TOWN Rural - Sykesville	MARYLAND	STATE Maryland	COUNTY Washington	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 15 Springfield State Hospital		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Hagerstown		
STREET ADDRESS		(If rural give location)		
<b>3. NAME OF DECEASED</b> (Type or Print)		(First) EDNA	(Middle)	(Last) HOFFMAN
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 12/25/89	9. AGE last birthday 66 yrs.
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>	11. BIRTHPLACE (State or foreign country) Washington Co., Md.	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Aaron Hoffman		14. MOTHER'S MAIDEN NAME Fannie Stewart		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) unk		16. SOCIAL SECURITY NO. <i>unk</i>	17. INFORMANT & ADDRESS Record, Springfield State Hospital	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 491X IMMEDIATE CAUSE (A) Bronchopneumonia, unresolved		INTERVAL BETWEEN ONSET AND DEATH 4 days		
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriosclerotic Heart Disease		Years		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Mental Deficiency without psychosis		since birth		
19e. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21e. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from..... 11/11....., 19 55....., to.... 1/19....., 19 56....., that I last saw the deceased alive on..... 1/19....., 19 56....., and that death occurred at 2:30PM, from the causes and on the date stated above.				
SIGNATURE <i>Walther H. Sonnenfeldt</i>	ADDRESS (Street, city, town, state) Sykesville, Maryland			DATE SIGNED 1/20/56
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>	DATE THEREOF 11/22/56	NAME OF CEMETERY OR CREMATORIY Rose Hill Cemetery	LOCATION (City, town, or county) Hagerstown MD	(State)
24. REC'D BY REGISTRAR DATE Jan. 20, 1956	REGISTRAR'S SIGNATURE C. Harry Weir	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1718 Hoffmann Hagerstown MD		

DEPARTMENT OF STATE - WASHINGTON, D.C.

CERTIFICATE OF DEATH

DEATH CERTIFICATE

NAME AND ADDRESS OF DECEASED

NAME AND ADDRESS OF SPOUSE

NAME AND ADDRESS OF CHILDREN

NAME AND ADDRESS OF PARENTS

NAME AND ADDRESS OF SIBLINGS

NAME AND ADDRESS OF NEAREST

BUREAU V. S.

JAN 29 1950

FBI

## INSTRUCTIONS

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00431

441

## CERTIFICATE OF DEATH

Reg. Dist. No. 74

Item 2, FilmG191 1-21-56 et

## 1. PLACE OF DEATH

COUNTY	Carroll	MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)
TOWN	Sykesville-Rural	4 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS	Grand View Mansion	

## 2. USUAL RESIDENCE (HOME) OF DECEASED

STATE	MD	COUNTY	Carroll
CITY (If outside corporate limits, write RURAL and give nearest town)		OR TOWN	Hampstead
STREET ADDRESS	3111 Hourcoville Ave		(If rural give location)

3. NAME OF  
DECEASED  
(Type or Print)

(First)	(Middle)	(Last)
JENNIE	R.	Housman

4. DATE OF DEATH	(Month)	(Day)	(Year)
Jan 14-	19	56	19

## 5. SEX

Female

6. COLOR OR  
RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED,  
(Specify)

Widow

10e. USUAL OCCUPATION (Give kind of work  
done during most of working life, even if  
retired)

Housewife

10b. KIND OF BUSINESS  
OR INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Maryland

## 13. FATHER'S NAME

Jacob N. Dehoff

14. MOTHER'S MAIDEN NAME

Mary E. Roger

## 15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no, or unk.)

(If Yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

213-24-8301

17. INFORMANT &amp; ADDRESS

William Housman

Hampstead Md

18. MEDICAL CERTIFICATION

INTERVAL BETWEEN  
ONSET AND DEATH

171X IMMEDIATE CAUSE

(A) DUE TO

DISEASES OR CONDITIONS, IF ANY,  
GIVING RISE TO THE ABOVE CAUSE

STATING UNDERLYING CAUSE LAST.

(B) DUE TO

DISEASES OR CONDITIONS, IF ANY,  
GIVING RISE TO THE ABOVE CAUSE

STATING UNDERLYING CAUSE LAST.

(C) DUE TO

DISEASES OR CONDITIONS, IF ANY,  
GIVING RISE TO THE ABOVE CAUSE

STATING UNDERLYING CAUSE LAST.

Generalized carcinomatosis

4 mos

19. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES  NO 21a. ACCIDENT WAS UNDERLYING   
OR CONTRIBUTING  CAUSE OF DEATH  
(If either, NOTIFY MEDICAL EXAMINER)21b. PLACE (Home, farm, factory,  
OF INJURY street, office bldg., etc.)21c. WHERE DID INJURY OCCUR? (City or town)  
(County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED  
M. While at work  Not white at work 

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1955, to Jan 14, 1956, that I last saw the deceased

alive on Jan 14, 1956, and that death occurred at 12:10 P.M. from the causes and on the date stated above.

SIGNATURE

ADDRESS (Street, city, town, state)

DATE SIGNED

1/14/56

23. BURIAL, CREMATION,  
REMOVAL (SPECIFY)

Burial

DATE THEREOF

Jan 17/56

NAME OF CEMETERY OR CREMATORIUM

Greenmount

LOCATION (City, town, or county)

Carroll Co. Md

(State)

24. REC'D BY REGISTRAR

REGISTRAR'S SIGNATURE

C Harry Teller

25. FUNERAL DIRECTOR'S SIGNATURE

Edele Tipton

ADDRESS

Hampstead Md

DATE Jan 17, 1956

RECEIVED  
FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE

CERTIFICATE OF DEATH

DEATH CERTIFICATE NUMBER: 1234567890

DEATH DATE:

1956

1956

1956

1956

1956

1956

1956

1956

1956

1956

1956

1956

1956

1956

1956

1956

1956

1956

1956

1956

1956

1956

1956

1956

1956

1956

1956

1956

1956

1956

1956

1956

1956

1956

1956

1956

1956

1956

1956

1956

1956

1956

1956

1956

1956

1956

1956

1956

1956

1956

1956

1956

1956

1956

1956

BUREAU V. S.

JAN 20 1956

RECEIVED

**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-S 10M

442

**CERTIFICATE OF DEATH**

Reg. Dist. No. 81

**1. PLACE OF DEATH**

COUNTY CARROLL  
 CITY (If outside corporate limits, write RURAL  
 OR and give nearest town)  
 TOWN UNION BRIDGE  
 HOSPITAL OR  
 INSTITUTION OR  
 STREET ADDRESS ELMER ST.

MARYLAND  
 LENGTH OF STAY  
 (in this place) YEARS

**2. USUAL RESIDENCE (HOME) OF DECEASED**

STATE MARYLAND COUNTY CARROLL  
 CITY (If outside corporate limits, write RURAL and give nearest town)  
 OR TOWN UNION BRIDGE  
 STREET ADDRESS ELMER ST.

**3. NAME OF DECEASED**  
(Type or Print)

(First) LULA (Middle) BLANCHE (Last) JUNG

**4. DATE OF DEATH**

JAN. 25 1956  
 (Month) (Day) (Year)

**5. SEX**

FEMALE

**6. COLOR OR RACE**

WHITE

**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)**

WIDOW

**B. DATE OF BIRTH**

9/4/1882

**9. AGE last birthday**

73

IF UNDER 1 YEAR    IF UNDER 24 HRS.  
 Months    Days    Hours    Min.  
 yrs.

**10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)**

HOUSEKEEPER

**10b. KIND OF BUSINESS OR INDUSTRY**

AT HOME

**11. BIRTHPLACE (State or foreign country)**

MARYLAND

**13. FATHER'S NAME**

JOSEPH MCKINNEY

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?**

(Yes, no, or unk.) (If Yes, give war or dates of service)

NO

NO

**16. SOCIAL SECURITY NO.**

216-05-8941

**17. INFORMANT & ADDRESS**

MRS FENTON YINGLING - UNION BRIDGE

**18. MEDICAL CERTIFICATION****I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH**

422.1 IMMEDIATE CAUSE (A) Acute myocardial failure

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, (B) Arteriosclerotic C-V disease

GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO

(C)

**II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.****19a. DATE OF OPERATION****19b. MAJOR FINDINGS OF OPERATION****20. AUTOPSY?**

YES  NO

**21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)**

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town)

(County)

(State)

**21d. TIME OF INJURY (Month) (Day) (Year) (Hour)**

M. While at work  Not while at work

**21e. INJURY OCCURRED**

21f. HOW DID INJURY OCCUR?

BUREAU V. S.

JAN 30 1956

RECEIVED

**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C L-5 10W

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00433

443

**CERTIFICATE OF DEATH**

Reg. Dist. No. 74

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE (HOME) OF DECEASED</b>	
COUNTY CITY (If outside corporate limits, write RURAL OR end give nearest town) TOWN	CARROLL MARYLAND Sykesville since 6/10/55	STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	Md. BALTIMORE CITY 3801-4 1005 S. Belvoir Ave.
HOSPITAL OR INSTITUTION OR STREET ADDRESS	Springfield State Hosp.	STREET ADDRESS	(If rural give location)
<b>3. NAME OF DECEASED</b> (First) (Middle) (Last)		<b>4. DATE (Month) (Day) (Year)</b>	
HENRY BERNARD KALBFLEISCH		1 - 12 1956	
5. SEX <input checked="" type="checkbox"/> M	6. COLOR OR RACE <input checked="" type="checkbox"/> W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <input checked="" type="checkbox"/> MARRIED	8. DATE OF BIRTH 8-3-98
9. AGE last birthday 57 yrs.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	11. BIRTHPLACE (State or foreign country) MARYLAND	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John H. Kalbfleisch	14. MOTHER'S MAIDEN NAME TERESA Kalbfleisch	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <input checked="" type="checkbox"/> UNK.   16. SOCIAL SECURITY NO. unknown	
17. INFORMANT & ADDRESS Mrs. Elizabeth Kalbfleisch		18. MEDICAL CERTIFICATION CORONARY THROMBOSIS ARTERIOSCLEROSIS	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.1 IMMEDIATE CAUSE (A) <input checked="" type="checkbox"/> CORONARY THROMBOSIS ANTECEDENT CAUSE(S) DUE TO (B) <input checked="" type="checkbox"/> ARTERIOSCLEROSIS DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <input checked="" type="checkbox"/> CBS associated with Arterioscler-		INTERVAL BETWEEN ONSET AND DEATH minutes	
		about 2 yrs.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <input checked="" type="checkbox"/> CBS associated with Arterioscler- osis, with psychotic reaction		more than 6 mos.	
19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) —	21c. WHERE DID INJURY OCCUR? (City or town) —	(County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) —	21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? —	
22. I hereby certify that I attended the deceased from <u>6-17-55</u> , to <u>1-12-56</u> , that I last saw the deceased alive on <u>1-12-56</u> , 19 <u>56</u> , and that death occurred at <u>11:15 A.M.</u> from the causes and on the date stated above.			
SIGNATURE Martin Gross, M.D.		ADDRESS (Street, city, town, state) Sykesville, Maryland	DATE SIGNED 1/13/56
23. BURIAL, CREMATION, REMOVAL (SPECIES) <input checked="" type="checkbox"/> Burial	DATE THEREOF Jan 17/1956	NAME OF CEMETERY OR CREMATORIAL SACRED HEART CEM.	LOCATION (City, town, or county) GERMAN HIll Rd, Md
24. REC'D BY REGISTRAR DATE JAN 16 1956	REGISTRAR'S SIGNATURE C. Harry Gross	25. FUNERAL DIRECTOR'S SIGNATURE Marie Falkowski 1000X.	ADDRESS Kenwood Ave Baltimore

DEPARTMENT OF JUSTICE - FEDERAL BUREAU OF INVESTIGATION  
WILSON, WALTER E.

STATEMENT OF DEFENDANT

APR 16 1948

RECEIVED FROM THE FEDERAL BUREAU OF INVESTIGATION

BUREAU V. S.

JAI 16 1948

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

00434

2411 N. Charles Street, Baltimore

444

## CERTIFICATE OF DEATH

Reg. Dist. No. 70

1. PLACE OF DEATH COUNTY <b>Carroll</b>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <b>MARYLAND Maryland</b>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <b>X TOWN Rural Taneytown</b>		LENGTH OF STAY (in this place) <b>14 years</b>	
HOSPITAL OR STREET ADDRESS <b>20</b>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN STREET ADDRESS <b>Rural Taneytown</b>	
3. NAME OF DECEASED (Type or Print)	(First) <b>Annie</b>	(Middle) <b>Elizabeth</b>	(Last) <b>Keefer</b>
4. DATE OF DEATH	(Month) <b>Jan. 16,</b>	(Day) <b>1956</b>	(Year)
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>Oct. 4, 1865</b>
9. AGE last birthday Months <b>90 yrs.</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>	11. BIRTHPLACE (State or foreign country) <b>Maryland</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>Valentine Harman</b>	14. MOTHER'S MAIDEN NAME <b>unknown</b>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT AND ADDRESS <b>Mrs. John Price, Taneytown, Maryland</b>	18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  <b>422</b> Immediate cause (a) <b>Bronchopneumonia, Bilateral.</b> Antecedent cause(s) (b) <b>Chronic Myocarditis and Myocardial Degeneration</b> Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last (c) <b>Generalized Arteriosclerosis</b> <b>The curvilinear scars</b>			
INTERVAL BETWEEN ONSET AND DEATH <b>24 hr.</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Recurrence</b>			
INTERVAL BETWEEN ONSET AND DEATH <b>20 yrs. 2 wks.</b>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION  <b>Generalized Arteriosclerosis The curvilinear scars</b>		
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) <b>INJURY</b>	(CITY OR TOWN) <b>Taneytown</b>	
TIME (Month) (Day) (Year) (Hour) OF INJURY <b>m.</b>		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?  <b>5 P.m.</b>
22. I hereby certify that I attended the deceased from <b>12/10, 1942</b> , to <b>1/16, 1956</b> , that I last saw the deceased alive on <b>11/16, 1956</b> , and that death occurred at <b>5 P.m.</b> , from the causes and on the date stated above.			
SIGNATURE <b>R. J. McVaugh</b>	(Degree or title) <b>M.D.</b>	ADDRESS <b>Taneytown, Md.</b>	DATE SIGNED <b>1/17/56</b>
23. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>	DATE THEREOF <b>1/19/1956</b>	NAME OF CEMETERY OR CREMATORIUM <b>Lutheran Cemetery</b>	LOCATION (City, town, or county) (State) <b>Taneytown, Maryland</b>
DATE REC'D BY LOCAL REG. <b>Jan 18, 1956</b>	REGISTRAR'S SIGNATURE <b>Ethel M. Mehruia</b>	24. FUNERAL DIRECTOR C.O. Fuss & Son, Taneytown, Maryland	ADDRESS <b>Local</b>

BUREAU V. S.

JAN 20 1956

RECEIVED

## INSTRUCTIONS

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 15-5 10/M

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

445

## CERTIFICATE OF DEATH

00435

Reg. Dist. No. 76

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE (HOME) OF DECEASED</b>	
COUNTY <b>CARROLL</b>	MARYLAND	STATE <b>MARYLAND</b>	COUNTY <b>CARROLL</b>
CITY (If outside corporate limits, write RURAL OR and give nearest town) <b>X UNION MILLS</b>	LENGTH OF STAY (In this place) <b>8 MONTHS</b>	CITY (If outside corporate limits, write RURAL and give nearest town) <b>UNION MILLS</b>	STREET ADDRESS (If rural give location)
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>MEADOW VIEW NURSING HOME</b>			
<b>3. NAME OF DECEASED</b> (Type or Print) <b>FLORENCE DECATUR KIRK</b>	(First)	(Middle)	(Last)
<b>4. DATE OF DEATH</b> <b>Jan 6 1956</b>	(Month)	(Day)	(Year)
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <b>WIDOW</b>	8. DATE OF BIRTH <b>2/25/1882</b>
9. AGE last birthday <b>73 yrs.</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if (if retired)) <b>HOUSEKEEPER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>AT HOME</b>	11. BIRTHPLACE (State or foreign country) <b>PENNSYLVANIA</b>
12. CITIZEN OF WHAT COUNTRY <b>US.</b>			
13. FATHER'S NAME <b>JOHN W. WHITE</b>	14. MOTHER'S MAIDEN NAME <b>MARY ANNA LARGE</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unk.) <b>No</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT & ADDRESS <b>E.P. KEPPEL - TANEY TOWN MD</b>	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <b>331X</b> IMMEDIATE CAUSE (A) <i>Acute Cerebral Hemorrhage</i>			
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <i>Chronic Hypertensive Disease 10 years</i>			
INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs.</b>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>1/5 1956</b> to <b>1/6 1956</b> , that I last saw the deceased alive on <b>1/6 1956</b> , and that death occurred at <b>4:20 P.M.</b> from the causes and on the date stated above. SIGNATURE <i>Florence Kirk</i> ADDRESS (Street, city, town, state) <b>Westerster Maryland</b> DATE SIGNED <b>1/7/56</b>			
23. BURIAL, CREMATION REMOVAL (SPECIFY) <b>BURIAL</b>	DATE THEREOF <b>1/9/56</b>	NAME OF CEMETERY OR CREMATORIAL <b>WEST LAUREL HILL</b>	LOCATION (City, town or county) (State) <b>PHILADELPHIA, PA.</b>
24. REC'D BY REGISTRAR <b>Harriet Miller</b>	REGISTRAR'S SIGNATURE <b>Harriet Miller</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>DDHARTZLER &amp; SONS NEWKINSDALE</b>	
DATE <b>1-9-56</b>			

UNITED STATES DEPARTMENT OF JUSTICE - FEDERAL BUREAU OF INVESTIGATION

CERTIFICATE OF DEATH

DEATH CERTIFICATE

DEATH CERTIFICATE NO. 1234567890

DEATH DATE

DEATH PLACE

DEATH TIME

DEATH CAUSE

DEATH AGENT

DEATH AGENT ADDRESS

DEATH AGENT PHONE NUMBER

DEATH AGENT SIGNATURE

DEATH AGENT TITLE

DEATH AGENT ADDRESS

DEATH AGENT PHONE NUMBER

DEATH AGENT SIGNATURE

DEATH AGENT TITLE

DEATH AGENT ADDRESS

DEATH AGENT PHONE NUMBER

DEATH AGENT SIGNATURE

DEATH AGENT TITLE

DEATH AGENT ADDRESS

DEATH AGENT PHONE NUMBER

DEATH AGENT SIGNATURE

DEATH AGENT TITLE

DEATH AGENT ADDRESS

DEATH AGENT PHONE NUMBER

DEATH AGENT SIGNATURE

DEATH AGENT TITLE

DEATH AGENT ADDRESS

DEATH AGENT PHONE NUMBER

DEATH AGENT SIGNATURE

BUREAU V. S.

JAN 12 1956

RECEIVED

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00436

447

## CERTIFICATE OF DEATH

Reg. Dist. No. 76

## 1. PLACE OF DEATH

COUNTY Carroll  
 CITY (If outside corporate limits, write RURAL  
 OR end give nearest town)  
 TOWN Rural Westminster

HOSPITAL OR  
 INSTITUTION OR  
 STREET ADDRESS R 6 Gist Road

MARYLAND  
 LENGTH OF STAY  
 (In this place)  
 2 years

## 2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland  
 COUNTY Carroll  
 CITY (If outside corporate limits, write RURAL and give nearest town)  
 OR  
 TOWN Rural Westminster

STREET ADDRESS (If rural give location)  
 R 6 Gist Road

## 3. NAME OF DECEASED

(First) Russell      (Middle) Lowell      (Last) Law

4. DATE (Month) (Day) (Year)  
 OF DEATH Jan. 23 1956

## 5. SEX

6. COLOR OR RACE  
 Male      White

7. SINGLE, MARRIED,  
 WIDOWED, DIVORCED,  
 (Specify) Married

8. DATE OF BIRTH  
 Oct. 13, 1891

9. AGE last birthday  
 64 yrs.

IF UNDER 1 YEAR  
 Months    Days  
 Hours    Min.

10e. USUAL OCCUPATION (Give kind of work  
 done during most of working life, even if  
 retired) Gen. Agent

10b. KIND OF BUSINESS  
 OR INDUSTRY  
 Life Insurance

11. BIRTHPLACE (State or foreign country)  
 Lawford, W. Va.

12. CITIZEN OF WHAT  
 COUNTRY?  
 USA

## 13. FATHER'S NAME

Martin L. Law

## 14. MOTHER'S MAIDEN NAME

Mary M. McKinley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
 (Yes, no, or unk.)  (If Yes, give war or dates of service)  
 yes WWI

16. SOCIAL SECURITY NO.  
 219-32-2601

## 17. INFORMANT &amp; ADDRESS

Mrs. Russell L. Law Westminster, Md.

## I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

## 420.1 IMMEDIATE CAUSE (A)

CORONARY Occlusion

INTERVAL BETWEEN  
ONSET AND DEATH

4 hrs -

ANTECEDENT CAUSE(S) DUE TO

CORONARY ARTERY DISEASE

DISEASES OR CONDITIONS, IF ANY, (B)

GIVING RISE TO THE ABOVE CAUSE  
 STATING UNDERLYING CAUSE LAST. DUE TO

(C)

7

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
 TO THE DEATH BUT NOT RELATED TO THE  
 DISEASE OR CONDITION CAUSING DEATH.

## 19e. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

2d. AUTOPSY?

YES  NO 

21e. ACCIDENT WAS UNDERLYING   
 OR CONTRIBUTING  CAUSE OF DEATH  
 (If either, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory,  
 OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town)

(County)

(State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

M. While at work  Not while at work 

22. I hereby certify that I attended the deceased from Jan. 22, 1956, to Jan. 23, 1956, that I last saw the deceased

alive on Jan. 22, 1956, and that death occurred at 3:35 A.M. from the causes and on the date stated above.

SIGNATURE

ADDRESS (Street, city, town, state)

DATE SIGNED

23. BURIAL, CREMATION,  
 REMOVAL (SPECIFY)  
 Burial

DATE THEREOF

NAME OF CEMETERY OR CREMATORIAL

LOCATION (City, town, or county)

(State)

Jan. 25, 1956 Pipe Creek

nr Uniontown, Md.

24. REC'D BY REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

DATE 1-26-56

Harriet Miller

John R. Byers Westminster, Md.

**TO ATTENDING PHYSICIAN OR HOSPITAL**—The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

## INSTRUCTIONS

DEPARTMENT OF STATE - WASHINGON, D.C.

CERTIFICATE OF DEATH

BUREAU V. S.

JAN 30 1956

RECEIVED

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00437

448

## CERTIFICATE OF DEATH

Reg. Dist. No. 76

## INSTRUCTIONS

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within **24 hours** after death.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE (HOME) OF DECEASED</b>	
COUNTY CITY (If outside corporate limits, write RURAL OR end give nearest town) TOWN	Carroll Finksburg	MARYLAND LENGTH OF STAY (in this place)	STATE Maryland COUNTY Carroll CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finksburg
HOSPITAL OR INSTITUTION OR STREET ADDRESS	R 1 Samdymount	STREET ADDRESS	R 1 Sandymount
<b>3. NAME OF DECEASED</b> (First) (Middle) (Last) (Type or Print)		<b>4. DATE OF DEATH</b> Jan. 7 1956	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married	8. DATE OF BIRTH Nov. 26, 1877
9. AGE last birthday 78 yrs.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	11. KIND OF BUSINESS OR INDUSTRY Own Home	12. BIRTHPLACE (State or foreign country) Finksburg, Maryland
13. FATHER'S NAME William Flater	14. MOTHER'S MAIDEN NAME Matilda Bloom		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) no	16. SOCIAL SECURITY NO. - - - - -	17. INFORMANT & ADDRESS C. Edgar Lockard Finksburg, Md.	
<b>18. MEDICAL CERTIFICATION</b>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  IMMEDIATE CAUSE (A) <u>Amenic Coma</u>		INTERVAL BETWEEN ONSET AND DEATH 1 day	
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) <u>Cardio-Renal-Vascularis with Hypertension</u> GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <u>Senility</u>		3 years	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, of INJURY, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) <u>Westminster, Md.</u>	(County) <u>Westminster</u> (State) <u>Md.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>M.</u>	21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Jan. 5</u> , 19 <u>53</u> , to <u>Jan. 7</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Jan. 6</u> , 19 <u>56</u> , and that death occurred at <u>9:15</u> A.M., from the causes and on the date stated above.			
SIGNATURE <u>J. B. Billingsley</u>		ADDRESS (Street, city, town, state) <u>Westminster, Md. 1-8-56</u>	DATE SIGNED <u>1-8-56</u>
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	DATE THEREOF Jan. 10, 1956	NAME OF CEMETERY OR CREMATORIAL Pleasant Grove	LOCATION (City, town, or county) Sandymount, Maryland
24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE <u>Harriet Miller</u>	25. FUNERAL DIRECTOR'S SIGNATURE John R. Byers	ADDRESS Westminster, Md.
DATE 1-9-56			

卷之三

BUREAU

## **PHILIPPIN**

JAN 12

卷之三

卷之三

卷之三

BUREAU V. S.

JAN 12 1956

**REGELIV ED**

**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

**MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18**

00438

**CERTIFICATE OF DEATH**

449

Reg. Dist. No. 81

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE (HOME) OF DECEASED</b>	
COUNTY <b>CARROLL</b> CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <b>UNION BRIDGE</b>		STATE <b>MD.</b> COUNTY <b>CARROLL</b> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <b>UNION BRIDGE</b> (If rural give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	
<b>3. NAME OF DECEASED</b> (Type or Print) <b>BLANCHARD DURBIN MARTIN</b>		<b>4. DATE OF DEATH</b> <b>1- 13 - 56</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>NOV. 30-1898</b>
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARNIER</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>MD.</b>
13. FATHER'S NAME <b>JOSHUA A. MARTIN</b>		14. MOTHER'S MAIDEN NAME <b>MAUDE HESSON</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unk.) <b>No</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT & ADDRESS <b>VIRGINIA LEE MARTIN</b>		18. MEDICAL CERTIFICATION <i>Acute Dilatation chronic myocarditis</i>	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  422.2 IMMEDIATE CAUSE (A) <b>Acute Dilatation</b> ANTECEDENT CAUSE(S) DUE TO (B) <b>chronic myocarditis</b> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO (C) <b>STATING UNDERLYING CAUSE LAST.</b>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH <input type="checkbox"/> (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>M.</b>		21c. WHERE DID INJURY OCCUR? (City or town) <b>Union Bridge</b> (County) <b>MD.</b> (State) <b>MD.</b>	
21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>March 1955</b> , to <b>1-13-56</b> , that I last saw the deceased alive on <b>Jan 12, 1955</b> , and that death occurred at <b>10 P.M.</b> from the causes and on the date stated above. SIGNATURE <i>J. H. Legg</i> M.D.			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>BURIAL</b>		DATE THEREOF <b>1-16-1956</b>	NAME OF CEMETERY OR CREMATORIAL <b>PIPE CREEK CEM. UNIONTOWN MD.</b>
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE <i>Louis J. Repp</i>	LOCATION (City, town, or county) <b>UNIONTOWN MD.</b> (State) <b>MD.</b>
DATE <b>Jan 16, 1956</b>		25. FUNERAL DIRECTOR'S SIGNATURE <i>H. Bankard</i>	
		ADDRESS <b>Ston Westminster, Md.</b>	

UNITED STATES DEPARTMENT OF JUSTICE - BUREAU OF INVESTIGATION

CERTIFICATE OF MAIL

BUREAU V. S.

JAN 25 1966

REGELV EIU

00439

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

450

## CERTIFICATE OF DEATH

Reg. Dist. No.

70

1. PLACE OF DEATH COUNTY Carroll		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Rural Taneytown		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Rural Taneytown	
LENGTH OF STAY (in this place) 20 years		STREET (If rural, give location) ADDRESS	
3. NAME OF DECEASED (Type or Print) James Gibbons		4. DATE OF DEATH January 3, 1956	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Sept. 26, 1897
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postal clerk		10b. KIND OF BUSINESS OR INDUSTRY U.S. Post Office	9. AGE last birthday 58 yrs.
13. FATHER'S NAME John W. Megee		11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes		12. CITIZEN OF WHAT COUNTRY U.S.A.	
16. SOCIAL SECURITY NO. 213-05-3142		14. MOTHER'S MAIDEN NAME Ella Crass	
17. INFORMANT AND ADDRESS Mrs. Elsie Megee, Taneytown, Maryland		18. MEDICAL CERTIFICATION  260X Immediate cause <i>Arteriosclerotic Cardiovascular Disease</i> 10 yrs. Antecedent cause(s) <i>Chronic Glomerulonephritis</i> 10 yrs. Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last <i>Diabetes Mellitus - mild</i> 20 yrs. (c) <i>Generalized Arteriosclerosis</i> 15 yrs.	
21. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	
		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Jan. 3, 1956</i> , to <i>Jan. 3, 1956</i> , that I last saw the deceased alive on <i>Jan. 3, 1956</i> , and that death occurred at <i>1:15 P.M.</i> , from the causes and on the date stated above. SIGNATURE <i>R. J. McVaugh</i> ADDRESS <i>Taneytown, Md.</i> DATE SIGNED <i>Jan. 4, 1956</i> (Degree or title)			
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF 1/7/56	
		NAME OF CEMETERY OR CREMATORIUM Reformed Cemetery	
		LOCATION (City, town, or county) Taneytown, Maryland	
DATE REC'D BY LOCAL REG. <i>Jan. 4, 1956</i>		REGISTRAR'S SIGNATURE <i>Othel M. McVaugh</i>	
		24. FUNERAL DIRECTOR ADDRESS C.O. Fuss & Son, Taneytown, Maryland	

RECEIVED

BUREAU V. S.

JAN 9 1951

## INSTRUCTIONS

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

V.S. AISC -55 10.M.

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00440  
74

## CERTIFICATE OF DEATH

Reg. Dist. No. 147

451

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE (HOME OF DECEASED)</b>	
COUNTY	Carroll	MARYLAND	STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL or and give nearest town)	Sykesville	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN	since 9-19-55	Brunswick	OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS	Springfield State Hospital	STREET ADDRESS	532 W Potomac St. (If rural give location)
15			10-35-2
<b>3. NAME OF DECEASED</b> (Type or Print)		<b>4. DATE OF DEATH</b>	
(First)	(Middle)	(Last)	(Month) (Day) (Year)
Hilda		Moore	1 - 15 - 1956
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
Female	white	Single	12-26-1918
9. AGE last birthday yrs.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
37	none	Maryland	M. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
David Moore	Minnie Stride		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
No	—	Evelyn Myers Brunswick Md	
<b>I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH</b>			
491X	IMMEDIATE CAUSE (A)	18. MEDICAL CERTIFICATION	
ANTECEDENT CAUSE(S) DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE		days	
STATING UNDERLYING CAUSE LAST. DUE TO (C)			
<b>II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.</b>			
Mental deficiency		life	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
M.			
<b>22. I hereby certify</b> that I attended the deceased from 9-19-1955, to 1-15-1956, that I last saw the deceased alive on 1-14-1956, and that death occurred at 12:30 A.M. from the causes and on the date stated above.			
SIGNATURE	ADDRESS (Street, city, town, state)		
Walter H. Sonnenfeld M.D.	Springfield State Hospital 11558		
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORIAL	LOCATION (City, town, or county) (State)
Burial	1-17-56	Park Heights	Brunswick Md.
24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE		
DATE 1-20-56	Eugene J. Buckley C.H. Tullis Jr. Brunswick Md.		
C. Harry Steers X			
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS			

BY THE GOVERNMENT OF THE UNITED STATES OF AMERICA.

RECEIVED  
THE SECRETARY OF STATE

BUREAU U. S.

JAN 22 1952

RECEIVED

452

## CERTIFICATE OF DEATH

## 1. PLACE OF DEATH:

COUNTY Carroll	MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town)	
TOWN Union Bridge	
HOSPITAL OR INSTITUTION OR STREET ADDRESS	

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md.	COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pleasant Valley	
STREET ADDRESS	

3. NAME OF  
DECEASED:  
(Type or Print)

Mary

## (First) (Middle)

Etta

## (Last)

Myers

4. DATE  
OF  
DEATH: Jan. 6 1956.

## 5. SEX:

F

W

6. COLOR OR  
RACE:

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED,  
(Specify):

widowed

## 8. DATE OF BIRTH:

Jan. 14, 1882

## 9. AGE last birthday:

73 yrs.

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HRS.

Hours Min.

10a. USUAL OCCUPATION (Give kind of  
work done during most of working life,  
even if retired):

housework

10b. KIND OF BUSINESS OR  
INDUSTRY:

own home

## 11. BIRTHPLACE (State or foreign country):

Md.

12. CITIZEN OF WHAT  
COUNTRY?

## 13. FATHER'S NAME:

David R. Petry

## 14. MOTHER'S MAIDEN NAME:

Sarah H. Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unk.)(If Yes, give war or dates of  
service)

No

## 16. SOCIAL SECURITY NO.:

17. INFORMANT &amp; ADDRESS:

C. Roscoe Myers,

Union Bridge, Md.

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331X

Immediate cause

(a).....

DUE TO

Cerebral Hemorrhage

INTERVAL BETWEEN  
ONSET AND DEATH

Antecedent cause(s)

Diseases or conditions, if any,  
giving rise to the above cause  
stating underlying cause last

(b).....

DUE TO

(c).....

Atherosclerosis

## II. OTHER SIGNIFICANT CONDITIONS:

Conditions contributing to the death but not  
related to the disease or condition causing death.

## 19a. DATE OF OPERATION:

## 19b. MAJOR FINDINGS OF OPERATION:

## 20. AUTOPSY?

Yes  No 21. ACCIDENT  
SUICIDE  
HOMICIDE

## (Specify)

PLACE (Home, farm, factory, street,  
OF  
INJURY

## (CITY OR TOWN)

## (COUNTY)

## (STATE)

TIME (Month) (Day) (Year) (Hour)  
OF  
INJURYINJURY OCCURRED  
While at work  Not while at work 

## HOW DID INJURY OCCUR?

M.

22. I hereby certify that I attended the deceased from Sept. 1, 1955, to Jan. 6, 1956, that I last saw the deceased alive on Jan. 6, 1956, and that death occurred at 11 P.M. from the causes and on the date stated above.

SIGNATURE

(DEGREE OR TITLE) ADDRESS

DATE SIGNED

23. BURIAL, CREMATION  
REMOVAL (Specify):

burial

## DATE PLACED

Jan. 9, 1956

## NAME OF CEMETERY OR CREMATORIUM

St. Matthews

## NAME OF CEMETERY OR CREMATORIUM

Pleasant Valley

## LOCATION (City, town, or county)

Md.

DATE REC'D BY LOCAL  
REG.

Jan. 10, 1956

## REGISTER'S SIGNATURE

Leslie Phelps

## 24. FUNERAL DIRECTOR

C.O. Fuss &amp; Son

## ADDRESS

Taneytown, Md.

BUREAU V. S.

JAN 12 1956

RECEIVED

**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10W

**MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18**

00442

**CERTIFICATE OF DEATH**

Reg. Dist. No. 74

453

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE (HOME) OF DECEASED</b>	
COUNTY CITY (If outside corporate limits, write RURAL OR end give nearest town) TOWN	Carroll Sykesville	MARYLAND LENGTH OF STAY (in this place)	STATE Maryland CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore (24)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	Springfield State Hospital	1 month 5 days	COUNTY City (If rural give location) 3405 Foster Avenue
<b>3. NAME OF DECEASED (Type or Print)</b>		<b>4. DATE OF DEATH</b>	
(First) MATHILDA (Middle) NAPOLILLO (Last)		1 11 1956	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 3-15-99
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Maryland		9. AGE last birthday 56 yrs.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Henry Faulstich	
14. MOTHER'S MAIDEN NAME Catherine Elsesser		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No	
16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS Hospital records	
<b>I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH</b>			
600.0 IMMEDIATE CAUSE (A) Pyonephrosis			
ANTECEDENT CAUSE(S) DUE TO			
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)			
<b>II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.</b>			
Involutional psychotic reaction. 2 months +			
19e. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21e. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, of INJURY street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> M. at work <input type="checkbox"/> at work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
<b>22. I hereby certify that I attended the deceased from.....12-14....., 19 55....., to.....1-11....., 19 56.., that I last saw the deceased alive on.....1-10....., 19 56....., and that death occurred at 4:45A.M. from the causes and on the date stated above.</b>			
<b>SIGNATURE</b> Walter H. Sonnenfeld		<b>ADDRESS</b> (Street, city, town, state) Sykesville, Maryland	
<b>DATE SIGNED</b> 1-11-56			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>BURIAL</b>		DATE THEREOF 1-14-56	
NAME OF CEMETERY OR CREMATORIUM <b>SACRED HEART CEM</b>		LOCATION (City, town, or county) 1401 GERMAN HILL RD. MD.	
24. REC'D BY REGISTRAR DATE JAN 16 1956		REGISTRAR'S SIGNATURE C. Harry Flory	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Charles S. Zeiler BALTO., MD.		901 S. CONKLING ST.	

LETTERS RECEIVED BY THE UNITED STATES GOVERNMENT

LETTERS RECEIVED

LETTERS RECEIVED FROM THE UNITED STATES GOVERNMENT

LETTERS RECEIVED

BUREAU V. S.

JAN 16 1956

RECEIVED

## INSTRUCTIONS

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

The bottom copy may be retained by the hospital or attending physician.

VS A15C 1-55 10/M

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00443

## CERTIFICATE OF DEATH

Reg. Dist. No. 74

454

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE (HOME) OF DECEASED</b>	
COUNTY <b>Carroll</b>	MARYLAND	STATE <b>Maryland</b>	COUNTY <b>Kent</b>
CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town)	
TOWN <b>Rural - Sykesville</b>	<b>18Y 4M 19 D</b>	TOWN <b>Chestertown</b>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>Springfield State Hospital</b>	STREET ADDRESS <b>520 High Street</b>	(If rural give location)	
<b>3. NAME OF DECEASED</b> (Type or Print) <b>Harry E. Perry</b>		<b>4. DATE (Month) OF DEATH</b> 1 5 56 (Year)	
SEX <b>M</b>	COLOR OR RACE <b>W</b>	SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	DATE OF BIRTH <b>2/8/92 - 2/8/91</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY	AGE last birthday <b>63-64 yrs.</b>
11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		IF UNDER 1 YEAR Months <b> </b>	IF UNDER 24 HRS. Days <b> </b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		INTERVAL BETWEEN ONSET AND DEATH <b>days</b>	
13. FATHER'S NAME <b>James Perry</b>		14. MOTHER'S MAIDEN NAME <b>Ella Clark</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <b>unknown</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT & ADDRESS <b>Record, Springfield State Hospital</b>		18. MEDICAL CERTIFICATION	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <b>002X</b>		IMMEDIATE CAUSE (A) <b>Tuberculosis of the pericardium</b>	
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. <b> </b>		(B) <b>Bilateral pulmonary tuberculosis, arrested</b>	
(C) <b> </b>		19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <b>Manic depressive reaction, depressive type</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <b>25 years</b>	
21a. DATE OF OPERATION		21b. MAJOR FINDINGS OF OPERATION	
21c. WHERE DID INJURY OCCUR? (City or town) <b> </b>		(County) <b> </b> (State) <b> </b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b> </b>		21e. INJURY OCCURRED M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> D. <input type="checkbox"/> <b> </b>	
21f. HOW DID INJURY OCCUR? <b> </b>		22. I hereby certify that I attended the deceased from <b>1/2</b> , 19 <b>56</b> , to <b>1/5</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>1/5</b> , 19 <b>56</b> , and that death occurred at <b>9:55A.M.</b> from the causes and on the date stated above.	
SIGNATURE <b>Walter H. Sommersfield</b>		ADDRESS (Street, city, town, state) <b> </b>	
DATE THEREOF <b>1/7/56</b>		DATE SIGNED <b>1/5/56</b>	
NAME OF CEMETERY OR CREMATORIAL <b>Wesley Chapel Cemetery</b>		23. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>Burial</b>	
LOCATION (City, town, or county) <b>Rock Hall, Maryland</b>		24. REC'D BY REGISTRAR <b>JAN 9 1956</b>	
REGISTRAR'S SIGNATURE <b>C. Harry Weeks</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Marvin V. Williams, Chestertown, Md</b>	



**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

**MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18**

00444

**CERTIFICATE OF DEATH**

Reg. Dist. No. 26

425

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE (HOME) OF DECEASED</b>	
COUNTY CITY (If outside corporate limits, write RURAL OR end give nearest town) TOWN	Carroll Westminster	MARYLAND LENGTH OF STAY (In this place)	Maryland CITY (If outside corporate limits, write RURAL and give nearest town) TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS	101 John St.	37 years	Carroll Westminster
<b>3. NAME OF DECEASED</b> (First) Anthony      (Middle)      (Last) Pisasale		<b>4. DATE OF DEATH</b> Jan. 9 1956	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single	8. DATE OF BIRTH Jan. 15, 1877
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pressing Foreman Coat Factory		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday 78 yrs.
13. FATHER'S NAME Unknown		11. BIRTHPLACE (State or foreign country) Italy	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) no		16. SOCIAL SECURITY NO. 213-05-1518	
17. INFORMANT & ADDRESS Mary Locascio Westminster, Md.		14. MOTHER'S MAIDEN NAME Unknown	
<b>I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH</b>			
422.1 IMMEDIATE CAUSE 1 (A) <i>cardio vascular disease</i> ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) <i>arterio-sclerosis</i> GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C)			
18. MEDICAL CERTIFICATION <i>severe bronchial asthma</i>			
INTERVAL BETWEEN ONSET AND DEATH 3 years 10 years 20 years			
19e. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, term, factory, OF INJURY street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
M. at work		21e. INJURY OCCURRED White <input type="checkbox"/> Not while at work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Jan. 10<sup>th</sup>, 1956</i> to <i>Jan. 9<sup>th</sup>, 1956</i> , that I last saw the deceased alive on <i>Jan. 8<sup>th</sup>, 1956</i> , and that death occurred at <i>8:15 A.M.</i> from the causes and on the date stated above. SIGNATURE <i>C.T. Billingsley</i> M.D. ADDRESS (Street, city, town, state) <i>Westminster, Md.</i> DATE SIGNED <i>1-10-56</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Jan. 12, 1956	NAME OF CEMETERY OR CREMATORIUM Westminster
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE <i>Hamit Nolle</i>	
DATE <i>1-11-56</i>		25. FUNERAL DIRECTOR'S SIGNATURE John R. Byers Westminster, Md.	



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00445

455

## CERTIFICATE OF DEATH

Reg. Dist. No. 80

MARGIN RESERVED FOR BINDING  
 PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED STATE	
Carroll		Maryland	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (In this place)	
TOWN Rural - New Windsor		4 mo	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		ADDRESS	
3. NAME OF DECEASED (Type or Print)		(First) (Middle) (Last)	
William		W. Purdum	
4. SEX		5. COLOR OR RACE	
Male		White	
6. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	
Farmer (retired)		Married	
10a. INDUSTRY		8. DATE OF BIRTH	
Owner		1-15-1880	
10b. KIND OF BUSINESS OR		9. AGE last birthday	
Industry		76 yrs.	
10c. BIRTHPLACE (State or foreign country)		11. CITIZEN OF WHAT COUNTRY	
Maryland		U.S.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
William J. Purdum		Martha Molesworth	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
No		None	
17. INFORMANT AND ADDRESS		18. MEDICAL CERTIFICATION	
Mother Berne J. Purdum. same		18.1X Cancer of bladder 10 days + more	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19c. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, of office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
		HOW DID INJURY OCCUR?	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
22. I hereby certify that I attended the deceased from Oct. 1, 1955, to Jan. 21, 1956, that I last saw the deceased alive on Jan. 21, 1956, and that death occurred at 6 P.m., from the causes and on the date stated above. SIGNATURE		ADDRESS	
DATE SIGNED			
23. BURIAL, CREMATION REMOVAL (Specify)		DATE	
Burial		1-26-1956	
NAME OF CEMETERY OR CREMATORIUM		LOCATION (City, town, or county) (State)	
Locust Grove		Frederick Co. Md.	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE	
Aug 24/55		Oswell Bendut	
24. FUNERAL DIRECTOR		ADDRESS	
J. M. Waltz, Winfield, Md.			

BUREAU Y. S.

JAN 25 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

No. 74

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

## 1. PLACE OF DEATH:

COUNTY Carroll

MARYLAND

CITY (If outside corporate limits, write RURAL  
OR and give nearest town)

TOWN Rural - Sykesville

LENGTH OF STAY  
(in this place)

21 years 4

HOSPITAL OR  
INSTITUTION OR  
STREET ADDRESS Springfield State Hospital3. NAME OF  
DECEASED:  
(Type or Print) ROBERTA

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland

COUNTY Allegany

CITY (If outside corporate limits write RURAL and give nearest town)  
OR  
TOWN CumberlandSTREET  
ADDRESS

(If rural, give location)

307 Bond Street, Cumberland, Md.

4. DATE (Month) (Day) (Year)  
OF DEATH approx. 1 31 19565. SEX: 6. COLOR OR  
RACE: W 7. SINGLE, MARRIED,  
WIDOWED, DIVORCED,  
(Specify): single 11/21/07 8. DATE OF BIRTH: 9. AGE last birthday:  
IF UNDER 1 YEAR  
Months Days Hours Mins.  
Female 48 yrs.10a. USUAL OCCUPATION (Give kind of  
work done during most of work life,  
even if retired) millworker10b. KIND OF BUSINESS OR  
INDUSTRY: Silk mill11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT  
COUNTRY? Allegany County, Maryland USA

13. FATHER'S NAME:

Elmer Kuhns

14. MOTHER'S MAIDEN NAME:

Ethelda Hunt

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unk.) (If Yes, give war or dates of  
service) no

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT &amp; ADDRESS:

Record, Springfield State Hospital

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN  
ONSET AND DEATH  
sudden92.17  
Immediate cause (a) Asphyxia  
DUE TOAntecedent cause(s) (b) Food in larynx and bronchi  
Diseases or conditions, if any, giving rise to the above cause  
stating underlying cause last (c) Acute exposure to coldII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING DEATH. Schizophrenic reaction, catatonic  
type

hours

22 years

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY?

Yes  No 21a. EXTERNAL CAUSE WAS  
PRIMARY  OR CONTRIBUTING   
CAUSE OF DEATH. 21b. PLACE (Home, farm, factory,  
of street, office bldg., etc.,  
INJURY

21c. (City or town) (County)

(State)

21d. TIME (Month) (Day) (Year) (Hour)  
OF INJURY M. 21e. INJURY OCCURRED  
While at Not while  
work  at work  21f. HOW DID INJURY OCCUR?22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and  
find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause   
SIGNATURECHIEF MEDICAL EXAMINER  
DEPUTY MEDICAL EXAMINER  
ASSISTANT MEDICAL EXAM.

DATE SIGNED

2/6/56

23. BURIAL, CREMATION,  
REMOVAL, (Specify): DATE THEREOF NAME OF CEMETERY OR CREMATORIUM LOCATION (City, town, or county) (State)

Burial 2-9-56 Cumberland Cumberland, Md.

DATE REC'D BY LOCAL REG. 24. FUNERAL DIRECTOR ADDRESS

Feb. 7, 1956 C. Harry Weer Soniat's, Inc. Cumberland, Md.

BUREAU V. S.

FEB 15 1956

RECEIVED

00446

426

## CERTIFICATE OF DEATH

Reg. Dist. No. 78

## INSTRUCTIONS

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within **24 hours** after death.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE (HOME) OF DECEASED</b>	
COUNTY <b>CARROLL</b>	MARYLAND	STATE <b>MD.</b>	COUNTY <b>CARROLL</b>
CITY (If outside corporate limits, write RURAL or and give nearest town) <b>WESTMINSTER</b>		CITY (If outside corporate limits, write RURAL and give nearest town) <b>WESTMINSTER</b>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>7 HERSH AVE.</b>	LENGTH OF STAY (In this place)	STREET ADDRESS <b>7 HERSH AVE.</b>	
<b>3. NAME OF DECEASED</b> (First) <b>ARTHUR</b> (Middle) <b>PETER</b> (Last) <b>REESE</b>		<b>4. DATE OF DEATH</b> (Month) <b>3</b> (Day) <b>1956</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>10-13-1872</b>
9. AGE last birthday <b>82</b> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARM LABORER</b>	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) <b>MD.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
<b>13. FATHER'S NAME</b> <b>ABSOLOM REESE</b>		<b>14. MOTHER'S MAIDEN NAME</b> <b>ALICE STANSBURY</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	
17. INFORMANT & ADDRESS <b>MARY REESE WESTMINSTER</b>		18. MEDICAL CERTIFICATION <b>Acute Subdural Hemorrhage</b>	
IMMEDIATE CAUSE <b>Chronic Hypertensive heart Disease</b>		ANTECEDENT CAUSE(S) DUE TO <b>Stating Underlying cause last.</b>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. <b>(A) (B) (C)</b>		INTERVAL BETWEEN ONSET AND DEATH <b>24 hours</b>	
<b>II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.</b>			
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (City or town) <b>Westminster</b> (County) <b>Maryland</b> (State)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED M. <input type="checkbox"/> While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
<b>22. I hereby certify that I attended the deceased from <b>1/3</b>, 19<b>56</b>, to <b>1/3</b>, 19<b>56</b>, that I last saw the deceased alive on <b>1/3</b>, 19<b>56</b>, and that death occurred at <b>3:57 P.M.</b> from the causes and on the date stated above.</b>			
SIGNATURE <b>Frances Bon</b>		ADDRESS (Street, city, town, state) <b>Westminster Maryland</b>	
DATE SIGNED <b>1/4/56</b>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>BURIAL</b>		DATE THEREOF <b>JAN. 5, 1956</b>	
24. REC'D BY REGISTRAR		NAME OF CEMETERY OR CREMATORIAL <b>RAIDERS CEMETERY</b>	
DATE <b>1-6-56</b>		LOCATION (City, town, or county) <b>WESTMINSTER, MD.</b>	
REGISTRAR'S SIGNATURE <b>Harriet Miller</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>A. Bankard &amp; Son Westminster, Md.</b>	
ADDRESS			

MISSOURI STATE DEPARTMENT OF HEALTH-GAIA/MSD

CERTIFICATE OF DATA

DATA FDN 10  
DATE 10 NOV 19  
TIME 10:00 AM

MISSOURI STATE DEPARTMENT OF  
HEALTH-COMMUNICABLE DISEASES

BUREAU V. S.

JAN 9 1980

RECEIVED

**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within **24 hours** after death.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

**MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18**

00447

456

**CERTIFICATE OF DEATH**

Reg. Dist. No. 74

Item 2, FilmG192 1-31-56 et

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE (HOME) OF DECEASED</b>			
COUNTY <input checked="" type="checkbox"/> TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS	Carroll Sykesville Springfield State Hospital	MARYLAND LENGTH OF STAY (in this place) 11 month 7 days	STATE CITY TOWN STREET ADDRESS	Maryland Gaithersburg Main Street Asbury Methodist Home	COUNTY CITY TOWN STREET ADDRESS
3. NAME OF DECEASED (Type or Print)		(First) DANIEL SCHOFIELD RICHARDS		4. DATE OF DEATH January 23 1956	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH 12-22-64	9. AGE last birthday 91 yrs.	IF UNDER 1 YEAR Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY General	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John Richards		14. MOTHER'S MAIDEN NAME Eliza J. Hoffman			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. Unk -	17. INFORMANT & ADDRESS Hospital records		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
4200 IMMEDIATE CAUSE ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		DUE TO (A) Arteriosclerotic Heart Disease (B) Arteriosclerosis, general (C)			
Years Years					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. or nutrition with senile brain dis., psychotic react. 11 mo. +					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, of INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-26, 19 55, to 1-23, 19 56, that I last saw the deceased alive on 1-22, 19 56, and that death occurred at 9:00 A.M. from the causes and on the date stated above. SIGNATURE <i>Walter H. Sommerfeld</i> M.D. Sykesville, Maryland ADDRESS (Street, city, town, state) DATE SIGNED 1-23-56					
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 1-25-56	NAME OF CEMETERY OR CREMATORIUM Hoffmanville Cemetery	LOCATION (City, town, or county) Baltimore County, Md. (State)	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE C. Harry Weir		25. FUNERAL DIRECTOR'S SIGNATURE Ed. Galtner	
DATE Jan. 24, 1956		ADDRESS			

BUREAU

JAN 26 1956

REGELIV ED

**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within **24 hours** after death.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

**MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18**

457

**CERTIFICATE OF DEATH**

01640

Reg. Dist. No.....

**1. PLACE OF DEATH**COUNTY **Carroll****MARYLAND**CITY (If outside corporate limits, write RURAL  
OR and give nearest town)LENGTH OF STAY  
(In this place)TOWN **Rural - Sykesville**HOSPITAL OR  
INSTITUTION OR  
STREET ADDRESS**Since 9/17/52**15 **Springfield State Hospital****3. NAME OF  
DECEASED  
(Type or Print)****George****Edward****Rickards**

(First) (Middle) (Last)

**2. USUAL RESIDENCE (HOME) OF DECEASED**STATE **Maryland**COUNTY **Washington**CITY (If outside corporate limits, write RURAL  
OR and give nearest town)TOWN **Knoxville - Maryland**STREET  
ADDRESS**Route #1****4. DATE (Month) (Day) (Year)****January 10 1956**

IF UNDER 1 YEAR

INTERVAL BETWEEN  
ONSET AND DEATH

2 hours

12. CITIZEN OF WHAT  
COUNTRY?**U.S.A.****13. FATHER'S NAME****Unknown****14. MOTHER'S MAIDEN NAME****Unknown**

STATE OF NEW YORK  
DEPARTMENT OF MOTOR VEHICLES

CERTIFICATE OF DEATH

1956-107

REGISTRATION NUMBER

DATE ISSUED

EXPIRATION DATE

COLLECTOR'S NAME

SELLER'S NAME

REGISTRATION NUMBER

DATE ISSUED

EXPIRATION DATE

BUREAU V. S.

FEB 16 1956

RECEIVED

**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within **24 hours** after death.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10A

**MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18**

00448

458

**CERTIFICATE OF DEATH**

Reg. Dist. No. 74

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE (HOME) OF DECEASED</b>	
COUNTY CITY (If outside corporate limits, write RURAL OR end give nearest town) TOWN	Carroll Sykesville	MARYLAND LENGTH OF STAY (in this place)	Maryland Hampstead
HOSPITAL OR INSTITUTION OR STREET ADDRESS	Springfield State Hospital	STREET ADDRESS	(If rural give location)
<b>3. NAME OF DECEASED (Type or Print)</b>		<b>4. DATE OF DEATH</b>	
(First) CHARLES		(Month) 1 (Day) 1 (Year) 1956	
(Middle) FREDERICK			
(Last) SAPP			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 10-31-87
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Veterinarian		10b. KIND OF BUSINESS OR INDUSTRY York -	
13. FATHER'S NAME Charles Sapp		11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO. York -		14. MOTHER'S MAIDEN NAME Mary Ella Sapp ASHE	
17. INFORMANT & ADDRESS Hospital Records		18. MEDICAL CERTIFICATION	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <b>332X</b> IMMEDIATE CAUSE (A) <u>Cerebral Thrombosis</u> INTERVAL BETWEEN ANTECEDENT CAUSE(S) DUE TO years DISEASES OR CONDITIONS, IF ANY, (B) <u>Generalized Arteriosclerosis</u> GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>CBS assoc. with circulatory disturbance, with cerebral arteriosclerosis, psychotic reaction.</u> 4 yrs. +			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> 21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>12-2</u> , 19 <u>55</u> , to <u>1-1</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>1-1</u> , 19 <u>56</u> , and that death occurred at <u>9:15 P.M.</u> from the causes and on the date stated above. SIGNATURE <u>Walther St. Sonnenfeldt</u> ADDRESS (Street, city, town, state) <u>Sykesville, Maryland</u> DATE SIGNED <u>1-2-56</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>1-4-56</u>	NAME OF CEMETERY OR CREMATORIUM <u>Hampstead</u> LOCATION (City, town, or county) <u>Carroll Co Md</u>
24. REC'D BY REGISTRAR DATE <u>1-4-56</u>		REGISTRAR'S SIGNATURE <u>C. Harry Weber</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Edu G. Tipton, Hampstead Md</u>



459

## CERTIFICATE OF DEATH

Item 14, Film G191 1-26-56 et

Reg. Dist. No.....

## 1. PLACE OF DEATH

COUNTY Carroll  
 CITY (If outside corporate limits, write RURAL  
 OR give nearest town)  
 TOWN Sykesville

MARYLAND  
 LENGTH OF STAY  
 (In this place)  
 lyr. 7mo. 21days

## 2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland  
 CITY (If outside corporate limits, write RURAL and give nearest town)  
 OR  
 TOWN Baltimore City

STREET  
 ADDRESS (If rural give location)

725 N. Lakewood Avenue

3. NAME OF  
 DECEASED  
 (Type or Print)

FRANCES

SCHLIMM

4. DATE (Month) (Day) (Year)

Jan. 17 1956

5. SEX Female

6. COLOR OR  
 RACE White7. SINGLE, MARRIED,  
 WIDOWED, DIVORCED,  
 (Specify) Widowed8. DATE OF BIRTH  
 7-10-619. AGE last birthday  
 94 yrs.IF UNDER 1 YEAR  
 Months Days Hours Min.10e. USUAL OCCUPATION (Give kind of work  
 done during most of working life, even if  
 retired) Housework10b. KIND OF BUSINESS  
 OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT  
 COUNTRY?  
 U.S.A.

13. FATHER'S NAME

Sinkenbrink

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
 (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT &amp; ADDRESS

Hospital records

## I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.1 IMMEDIATE CAUSE

(A)

Bronchopneumonia, unresolved

INTERVAL BETWEEN  
 ONSET AND DEATH  
 daysANTECEDENT CAUSE(S)  
 DISEASES OR CONDITIONS, IF ANY,  
 GIVING RISE TO THE ABOVE CAUSE  
 STATING UNDERLYING CAUSE LAST.

DUE TO

(B)

Gangrene, both feet

1 month +

DUE TO

(C)

Arteriosclerosis, general

years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
 TO THE DEATH BUT NOT RELATED TO THE  
 DISEASE OR CONDITION CAUSING DEATH, OR NUTRITION, SENILE BRAIN DIS., PSYCHOTIC REACTION.

CBS assoc. with disturbance of metabolism, growth

1 1/2 yr. +

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

Fracture, right hip.

20. AUTOPSY?  
 YES  NO 21a. ACCIDENT WAS UNDERLYING  
 OR CONTRIBUTING CAUSE OF DEATH  
 (If either, NOTIFY MEDICAL EXAMINER)21b. PLACE (Home, farm, factory,  
 OF INJURY street, office bldg., etc.)

Hospital

21c. WHERE DID INJURY OCCUR? (City or town)

(County)

(State)

Sykesville Carroll Md.

21d. TIME OF INJURY

(Month)

(Day)

(Year)

(Hour)

A

21e. INJURY OCCURRED  
 While   
 at work  Not while  
 at work 

21f. HOW DID INJURY OCCUR?

Patient fell.

22. I hereby certify that I attended the deceased from 6-21, 1955, to 1-17, 1956, that I last saw the deceased

alive on 1-16, 1956, and that death occurred at 6:40 A.M. from the causes and on the date stated above.

SIGNATURE

Walter H. Sonnenfeld

M.D.

Sykesville, Maryland

1-17-56

23. BURIAL, CREMATION,  
 REMOVAL (SPECIFY)

DATE THEREOF

NAME OF CEMETERY OR CREMATORI

LOCATION (City, town, or county)

(State)

1-19-56

Baltimore Cemetery

Baltimore Md

24. REC'D BY REGISTRAR

AN 18 1956

DATE

REGISTRAR'S SIGNATURE

C. Harry Heer

25. FUNERAL DIRECTOR'S SIGNATURE

Leo &amp; Cook 170 Calverton Rd. Ch

CERTIFICATE OF DEATH

STATE OF MASSACHUSETTS

REGISTRATION NO.

BUREAU A.

JAN 19 1956

RECEIVED

## INSTRUCTIONS

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00450

460

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

Springfield State Hospital

## 1. PLACE OF DEATH

COUNTY Carroll

MARYLAND

CITY (If outside corporate limits, write RURAL  
OR give nearest town)

TOWN

LENGTH OF STAY  
(in this place)

Syracuseville

44 days

HOSPITAL  
INSTITUTION OR  
STREET ADDRESS

Springfield State Hospital

3. NAME OF  
DECEASED  
(Type or Print)

(First) Elizabeth Kroll Schultz

(Middle)

(Last)

## 5. SEX

6. COLOR OF  
RACE7. SINGLE, MARRIED,  
WIDOWED, DIVORCED,  
(Specify)

F

white

widowed

## 8. DATE OF BIRTH

Jan. 12, 1874

87 yrs.

9. AGE last birthday

87 yrs.

## IF UNDER 1 YEAR

Months

## IF UNDER 24 HRS.

Days

Hours

Min.

10e. USUAL OCCUPATION (Give kind of work  
done during most of working life, even if  
retired)10b. KIND OF BUSINESS  
OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT  
COUNTRY?

13. FATHER'S NAME

not known

14. MOTHER'S MAIDEN NAME

Jeannette Kroll

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unk.) (If Yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

None

17. INFORMANT &amp; ADDRESS

Hilda Meierschein

7012 River Drive Rd

Baltimore 19 Ma

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1 IMMEDIATE CAUSE

ANTECEDENT CAUSE(S)

DISEASES OR CONDITIONS, IF ANY,

GIVING RISE TO THE ABOVE CAUSE

STATING UNDERLYING CAUSE LAST.

DUE TO

(B)

DISEASES OR CONDITIONS, IF ANY,

GIVING RISE TO THE ABOVE CAUSE

STATING UNDERLYING CAUSE LAST.

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

arteriosclerosis cardiovascular disease

years

generalized arteriosclerosis

years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING DEATH.

C.B.S. associated with cerebral atrophy

months

sclerosis with psychotic reactions

months

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES  NO 21a. ACCIDENT WAS UNDERLYING  
OR CONTRIBUTING CAUSE OF DEATH

(If either, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory,  
OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town)

(County)

(State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED

M. While at work

Not while at work

21f. HOW DID INJURY OCCUR?

M. at work

DEPARTMENT OF STATE - WASHINGTON, D. C.

CERTIFICATE OF DEATH

RECEIVED IN THE DEPARTMENT OF STATE  
BY THE SECRETARY OR HIS DELEGATE

FEBRUARY 1956

JAN 24 1956

RECEIVED

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00451

461

## CERTIFICATE OF DEATH

Reg. Dist. No. 74

## INSTRUCTIONS

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C-155 10M

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE (HOME) OF DECEASED</b>	
COUNTY Carroll CITY (If outside corporate limits, write RURAL OR end give nearest town) TOWN Sykesville		MARYLAND LENGTH OF STAY (In this place) 2yr. 4months	
HOSPITAL OR INSTITUTION OR STREET ADDRESS  Springfield State Hospital		STATE Maryland COUNTY CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore STREET ADDRESS (If rural give location) 201 East 30th Street	
<b>3. NAME OF DECEASED</b> (Type or Print)  REINHARD		<b>4. DATE OF DEATH</b> 1 22 1956	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH
Male	White	Widowed	4-19-1870
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)
Retired (Piano)		Yank -	Germany
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Henry Schulze		Emelie Poppe	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.	
No		Yank -	
17. INFORMANT & ADDRESS		Hospital records	
<b>I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH</b> 602X IMMEDIATE CAUSE (A) Bronchopneumonia, unresolved ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (B) Pyelonephritis STATING UNDERLYING CAUSE LAST. DUE TO (C) Urinary calculus in the bladder			
<b>II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.</b> CBS assoc. with disturbance of growth, metabolism, or nutrition, with senile brain disease.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH <input type="checkbox"/> (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED M. While at work <input type="checkbox"/> Not white at work <input type="checkbox"/>	
		21f. HOW DID INJURY OCCUR?	
<b>22. I hereby certify that I attended the deceased from</b> 9-13, 19 55, <b>to</b> 1-22, 1956, <b>that I last saw the deceased alive on</b> 1-22, 19 56, <b>and that death occurred at</b> 10:25 P.M., <b>from the causes and on the date stated above.</b> <b>SIGNATURE</b> <i>Walmer H. Sonnenfeld</i> <b>M.D.</b> <b>ADDRESS</b> (Street, city, town, state) <i>Sykesville, Maryland</i> <b>DATE SIGNED</b> 1-23-56 <b>23. BURIAL, CREMATION, REMOVAL (SPECIFY)</b> <i>Burial</i> <b>DATE THEREOF</b> <i>1/26/1956</i> <b>NAME OF CEMETERY OR CREMATORIUM</b> <i>Parkwood Cemetery</i> <b>LOCATION (City, town, or county)</b> <i>Baltimore, Maryland</i> <b>(State)</b>			
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE	
DATE <i>Jan. 25, 1956</i>		REGISTRAR'S SIGNATURE <i>C. Harry Zuber</i>	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
DATE <i>Jan. 25, 1956</i>		Leonard J. Ruck, 5305 Harford Road #14	

RECEIVED  
FEBRUARY 26 1956

## INSTRUCTIONS

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10/M

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00452

## CERTIFICATE OF DEATH

Reg. Dist. No. 70

462

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE (HOME) OF DECEASED</b>	
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN	MARYLAND LENGTH OF STAY (in this place)	STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	NEW YORK COUNTY SUFFOLK (If rural give location)
Rural - Westminster	14 mo	BRIGHT WATERS	69 X-3
HOSPITAL OR INSTITUTION OR STREET ADDRESS 70 Meadow View Nursing Home			
<b>3. NAME OF DECEASED (Type or Print)</b> MARIE A. Senecion		<b>4. DATE (Month) (Day) (Year)</b> Jan 18 1956	
SEX F	COLOR OR RACE W	SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow	DATE OF BIRTH 10-10-1871
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Our home	11. BIRTHPLACE (State or foreign country) Ecuador - S. America
13. FATHER'S NAME JOAQUIN MORALES		14. MOTHER'S MAIDEN NAME Alice Prevost	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT & ADDRESS Mrs Harold R. Jamison Tarrytown Md.		18. MEDICAL CERTIFICATION Arterio Sclerotic C-V disease year	
IMMEDIATE CAUSE 4221 (A) Antecedent cause(s) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) _____ GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) _____		INTERVAL BETWEEN ONSET AND DEATH year	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Sept 1955</u> , to <u>Jan 1956</u> , that I last saw the deceased alive on <u>1-13 1956</u> , and that death occurred at <u>9:30 A.M.</u> from the causes and on the date stated above. SIGNATURE <u>James G. Marsh</u> M.D.		ADDRESS (Street, city, town, state) <u>Westminster Md</u> DATE SIGNED <u>1/13/56</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>1/21/56</u> NAME OF CEMETERY OR CREMATORIAL <u>St. Joseph's Cemetery</u> LOCATION (City, town, or county) <u>Tarrytown Maryland</u> (State)	
24. REC'D BY REGISTRAR <u>Jan 20/1956</u>		REGISTRAR'S SIGNATURE <u>Ethel M. Mehling</u> ADDRESS <u>Locde</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>C. O. Furst Son Tarrytown Maryland</u>			

STATE OF NEVADA  
DEPARTMENT OF STATE

RECEIVED

RECEIVED

RECEIVED

A

1181-51-31

RECEIVED - 2 DIVISION  
NOV 24 1956

ATLIC 142021

RECEIVED - 2 DIVISION

BUREAU U.S.

JAN 24 1956

BUREAU U.S.

RECEIVED - 2 DIVISION

**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within **24 hours** after death.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C L-5 10W

**MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18**

00453

463

**CERTIFICATE OF DEATH**

Reg. Dist. No. 74

<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE (HOME) OF DECEASED</b>			
COUNTY <b>Carroll</b>		MARYLAND		STATE <b>Maryland</b>		COUNTY <b>Frederick</b>	
CITY (If outside corporate limits, write RURAL OR end give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		STREET ADDRESS <b>Rocky Ridge</b> (If rural give location)	
TOWN <b>Rural - Sykesville</b>		since 10/1/29		TOWN <b>Rocky Ridge</b>		TOWN <b>Rural</b>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>Springfield State Hospital</b>							
<b>3. NAME OF DECEASED</b> (Type or Print) <b>Samuel H. SHERFEY</b>				<b>4. DATE (Month) OF DEATH</b> <b>January 11</b> <b>1956</b>			
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <b>divorced</b>	8. DATE OF BIRTH <b>July 25, 1876</b>	9. AGE last birthday <b>79</b>	IF UNDER 1 YEAR Months <b>-</b> Days <b>-</b> Hours <b>-</b> Min. <b>-</b>		
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>				11. BIRTHPLACE (State or foreign country) <b>Frederick County, Maryland</b>			
13. FATHER'S NAME <b>Samuel D. Sherfey</b>				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <b>no</b>				16. SOCIAL SECURITY NO. <b>unknown</b>			
17. INFORMANT & ADDRESS <b>Records of Springfield State Hospital</b>				14. MOTHER'S MAIDEN NAME <b>Amanda Kump</b>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
260X IMMEDIATE CAUSE (A) <b>Diabetic coma</b>							
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) <b>Diabetes</b>							
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <b>—</b>							
INTERVAL BETWEEN ONSET AND DEATH <b>9 hrs.</b>							
about 5 yrs.							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <b>Cerebrovascular accident</b> more than <b>3 months</b>							
19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION							
21e. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21b. PLACE (Home, farm, factory, OF INJURY street, office, bldg., etc.) 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRED M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> 21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from Sept. 1, 1947, to Jan. 10, 1956, that I last saw the deceased alive on Jan. 10, 1956, and that death occurred at 6:40 A.M. from the causes and on the date stated above. SIGNATURE <i>Martin Gross, M.D.</i> ADDRESS (Street, city, town, state) <b>Sykesville, Maryland</b> DATE SIGNED <b>1/12/56</b>							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>BURIAL</b>		DATE THEREOF <b>1-15-1956</b>		NAME OF CEMETERY <b>Mt. Hope</b>		LOCATION (City, town, or county) <b>Woodsboro, Md.</b> (State)	
24. REC'D BY REGISTRAR DATE <b>Jan. 13, 1956</b>		REGISTRAR'S SIGNATURE <b>C. Harry Zelcer</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C. M. Waltz, Winfield, Md.</b>			

SI: APPROVALS-INJURY TO THE BASIC STATE OF A TERRITORY

RECORDED DEATHS

1940-1941

DEATHS IN WHICH VARIOUS AGENTS

WERE INVOLVED IN THE MURDER OF AN INDIVIDUAL

IN THE STATE OF CALIFORNIA

BUREAU U.S.

JAN 15 1941

RECORDED DEATHS

**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within **24 hours** after death.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

**MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18**

00454

464

**CERTIFICATE OF DEATH**

Reg. Dist. No. 7H

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE (HOME) OF DECEASED</b>	
COUNTY CITY (If outside corporate limits, write RURAL OR end give nearest town) TOWN Rural - Sykesville	MARYLAND LENGTH OF STAY (in this place) <b>9 mos. 3 days</b>	STATE Maryland CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Baltimore-24	COUNTY (If rural give location) <b>3 Yol-4</b>
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>Springfield State Hospital</b>	STREET ADDRESS <b>424 N. Luzerne Avenue</b>		
<b>3. NAME OF DECEASED</b> (First) <b>Elsie</b> (Middle) <b>Ramould</b> (Last) <b>Sims</b>		<b>4. DATE</b> (Month) <b>1</b> (Day) <b>4</b> (Year) <b>1956</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <b>single</b>	8. DATE OF BIRTH <b>5/9/00</b>
9. AGE last birthday <b>55</b> yrs.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>	11. BIRTHPLACE (State or foreign country) <b>Maryland</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>Samuel Sims</b>	14. MOTHER'S MAIDEN NAME <b>Mary Esther Fisher</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <b>No</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT & ADDRESS <b>Record, Springfield State Hospital</b>	18. MEDICAL CERTIFICATION <b>Bronchopneumonia</b>
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <b>163X</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>	
IMMEDIATE CAUSE (A) <b>Bronchopneumonia</b>		ANTECEDENT CAUSE(S) DUE TO <b>Carcinoma of the lung</b>	
DISEASES OR CONDITIONS, IF ANY, (B) <b>Mental deficiency, Mongolism</b>		GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO <b>unknown</b>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <b>55 years</b>			
19e. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21d. TIME OF INJURY (Month) <b>Dec</b> (Day) <b>55</b> (Year) <b>1956</b> (Hour) <b>12/23</b>		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>12/23</b> , 19 <b>55</b> , to <b>1/4</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>1/4</b> , 19 <b>56</b> , and that death occurred at <b>9:00 AM</b> , from the causes and on the date stated above.		ADDRESS (Street, city, town, state) <b>Sykesville, Maryland</b> DATE SIGNED <b>1/4/56</b>	
SIGNATURE <i>Walker H. Sammons, M.D.</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>Burial</b>	DATE THEREOF <b>Jan 6, 1956</b>	NAME OF CEMETERY OR CREMATORIAL <b>Fishery Cemetery</b>	LOCATION (City, town, or county) <b>Mt Vernon Md</b>
24. REC'D BY REGISTRAR <b>C. Harry Weir</b>	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE <b>James L. Henian Funeral Home</b>	
DATE <b>1-4-56</b>		ADDRESS	

CERTIFICATE OF DATA

BUREAU V. S.

JAN 9 1956

RECEIVED

## MARYLAND STATE DEPARTMENT OF HEALTH

00455

463

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 71

1. PLACE OF DEATH COUNTY Carroll		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland	
CITY (If outside corporate limits, write RURAL and OR give nearest town) X TOWN Rural Uniontown		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Uniontown	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	
3. NAME OF DECEASED (Type or Print)	(First) Morrison	(Middle) Delomas	(Last) Smith
4. DATE OF DEATH January 1 1956	(Month)	(Day)	(Year)
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH August 3, 1866
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY own farm	9. AGE last birthday 89	11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.	13. FATHER'S NAME Solomon Smith	14. MOTHER'S MAIDEN NAME Margaret Naill	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. none	17. INFORMANT AND ADDRESS Mrs. Rhoda Smith, R#1, Union Bridge, Md.	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  605 Immediate cause (a) Chronic Cystitis Antecedent cause(s) (b) Operation Prostate Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
INTERVAL BETWEEN ONSET AND DEATH			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Nov 1, 1955</u> , to <u>Jan 1, 1956</u> that I last saw the deceased alive on <u>Dec 31, 1955</u> , and that death occurred at <u>6 P.M.</u> from the causes and on the date stated above. SIGNATURE <u>J. H. Legg et al</u> ADDRESS <u>Union Bridge Mo 1-4-56</u> DATE SIGNED			
23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 1/5/56	NAME OF CEMETERY OR CREMATORIALutheran Cemetery	LOCATION (City, town, or county) Uniontown, Maryland (State)
DATE REC'D. BY LOCAL REG. 1/5/56	REGISTRAR'S SIGNATURE Margaret R. Englar	24. FUNERAL DIRECTOR C.O. Fuss & Son, Taneytown, Maryland	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filed in by the funeral director, the

BUREAU V. S.  
RECEIVED  
JAN 10 1956

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

## 1664 CERTIFICATE OF DEATH

01648

Reg. Dist. No.....

## 1. PLACE OF DEATH

COUNTY Carroll

CITY (If outside corporate limits, write RURAL  
OR end give nearest town)

TOWN Sykesville

MARYLAND

LENGTH OF STAY  
(In this place)

21yr. lmo. 12days

## 2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland

COUNTY City

CITY (If outside corporate limits, write RURAL and give nearest town)  
OR

TOWN Baltimore City

STREET  
ADDRESS

(If rural give location)

820 W. Lexington Street

3. NAME OF  
DECEASED  
(Type or Print)

LENA

(Middle)

(Last)

4. DATE  
OF  
DEATH

1- 23 19 56

5. SEX

6. COLOR OR  
RACE7. SINGLE, MARRIED,  
WIDOWED, DIVORCED,  
(Specify)

8. DATE OF BIRTH

Female

White

Married

5-25-83

10a. USUAL OCCUPATION (Give kind of work  
done during most of working life, even if  
retired)

Housewife

10b. KIND OF BUSINESS  
OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Delaware

12. CITIZEN OF WHAT  
COUNTRY?

U.S.A.

13. FATHER'S NAME

Abbott

14. MOTHER'S MAIDEN NAME

Rose Allen Abbott Barcus

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no, or unk.)

No

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT &amp; ADDRESS

Hospital records

## I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

IMMEDIATE CAUSE

(A)

Bronchopneumonia

INTERVAL BETWEEN  
ONSET AND DEATH

10 days

ANTECEDENT CAUSE(S)  
DISEASES OR CONDITIONS, IF ANY,  
GIVING RISE TO THE ABOVE CAUSE  
STATING UNDERLYING CAUSE LAST.

DUE TO

(B)

DUE TO

(C)

DUE TO

(D)

DUE TO

(E)

DUE TO

(F)

DUE TO

(G)

DUE TO

(H)

DUE TO

(I)

DUE TO

(J)

DUE TO

(K)

DUE TO

(L)

DUE TO

(M)

DUE TO

(N)

DUE TO

(O)

DUE TO

(P)

DUE TO

(Q)

DUE TO

(R)

DUE TO

(S)

DUE TO

(T)

DUE TO

(U)

DUE TO

(V)

DUE TO

(W)

DUE TO

(X)

DUE TO

(Y)

DUE TO

(Z)

## 18. MEDICAL CERTIFICATION

Arteriosclerotic heart disease

General arteriosclerosis

years

years

years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING DEATH.

CBS assoc. with convulsive disorder, psychotic react.

+ 21 yr. +

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES  NO 21a. ACCIDENT WAS UNDERLYING   
OR CONTRIBUTING  CAUSE OF DEATH  
(IF EITHER, NOTIFY MEDICAL EXAMINER)21b. PLACE (Home, farm, factory,  
OR INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town)

(County)

(State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

White  Not white at work  at work M.  at work F.  at work S.  at work H.  at work D.  at work C.  at work P.  at work T.  at work R.  at work B.  at work V.  at work N.  at work L.  at work G.  at work W.  at work E.  at work J.  at work O.  at work Q.  at work U.  at work X.  at work Z.  at work D.  at work C.  at work F.  at work B.  at work V.  at work N.  at work L.  at work G.  at work W.  at work E.  at work C.  at work F.  at work B.  at work V.  at work N.  at work L.  at work G.  at work W.  at work E.  at work C.  at work F.  at work B.  at work V.  at work N.  at work L.  at work G.  at work W.  at work E.  at work C.  at work F.  at work B.  at work V.  at work N.  at work L.  at work G.  at work W.  at work E.  at work C.  at work F.  at work B.  at work V.  at work N.  at work L.  at work G.  at work W.  at work E.  at work C.  at work F.  at work B.  at work V.  at work N.  at work L.  at work G.  at work W.  at work E.  at work C.  at work F.  at work B.  at work V.  at work N.  at work L.  at work G.  at work W.  at work E.  at work C.  at work F.  at work B.  at work V.  at work N.  at work L.  at work G.  at work W.  at work E.  at work C.  at work F.  at work B.  at work V.  at work N.  at work L.  at work G.  at work W.  at work E.  at work C.  at work F.  at work B.  at work V.  at work N.  at work L.  at work G.  at work W.  at work E.  at work C.  at work F.  at work B.  at work V.  at work N.  at work L.  at work G.  at work W.  at work E.  at work C.  at work F.  at work B.  at work V.  at work N.  at work L.  at work G.  at work W.  at work E.  at work C.  at work F.  at work B.  at work V.  at work N.  at work L.  at work G.  at work W.  at work E.  at work C.  at work F.  at work B.  at work V.  at work N.  at work L.  at work G.  at work W.  at work E.  at work C.  at work F.  at work B.  at work V.  at work N.  at work L.  at work G.  at work W.  at work E.  at work C.  at work F.  at work B.  at work V.  at work N.  at work L.  at work G.  at work W.  at work E.  at work C.  at work F.  at work B.  at work V.  at work N.  at work

WAZAIVI STATE OF HAWAII - LAZARUS

CERTIFICATE OF SERVICE

IN THE

STATE OF HAWAII

IN AND FOR THE COUNTY OF HONOLULU

IN THE CIRCUIT COURT OF HAWAII

IN AND FOR THE COUNTY OF HONOLULU

IN THE CIRCUIT COURT OF HAWAII

IN AND FOR THE COUNTY OF HONOLULU

IN THE CIRCUIT COURT OF HAWAII

IN AND FOR THE COUNTY OF HONOLULU

IN THE CIRCUIT COURT OF HAWAII

IN AND FOR THE COUNTY OF HONOLULU

IN THE CIRCUIT COURT OF HAWAII

IN AND FOR THE COUNTY OF HONOLULU

IN THE CIRCUIT COURT OF HAWAII

IN AND FOR THE COUNTY OF HONOLULU

IN THE CIRCUIT COURT OF HAWAII

IN AND FOR THE COUNTY OF HONOLULU

IN THE CIRCUIT COURT OF HAWAII

IN AND FOR THE COUNTY OF HONOLULU

IN THE CIRCUIT COURT OF HAWAII

IN AND FOR THE COUNTY OF HONOLULU

IN THE CIRCUIT COURT OF HAWAII

IN AND FOR THE COUNTY OF HONOLULU

IN THE CIRCUIT COURT OF HAWAII

IN AND FOR THE COUNTY OF HONOLULU

IN THE CIRCUIT COURT OF HAWAII

IN AND FOR THE COUNTY OF HONOLULU

IN THE CIRCUIT COURT OF HAWAII

IN AND FOR THE COUNTY OF HONOLULU

IN THE CIRCUIT COURT OF HAWAII

IN AND FOR THE COUNTY OF HONOLULU

IN THE CIRCUIT COURT OF HAWAII

IN AND FOR THE COUNTY OF HONOLULU

IN THE CIRCUIT COURT OF HAWAII

IN AND FOR THE COUNTY OF HONOLULU

IN THE CIRCUIT COURT OF HAWAII

BUREAU V. S.

FEB 16 1956

RECEIVED

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00456

427

## CERTIFICATE OF DEATH

Reg. Dist. No. 76

## INSTRUCTIONS

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within **24 hours** after death.  
**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within **72 hours**. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE (HOME) OF DECEASED</b>	
COUNTY CITY (If outside corporate limits, write RURAL OR end give nearest town) TOWN	Carroll Westminster	MARYLAND LENGTH OF STAY (in this place)	Maryland Maryland Westminster
HOSPITAL OR INSTITUTION OR STREET ADDRESS 27 00	Penna. Ave. Extd.	15 years	Carroll (If rural give location) Penna. Ave. Extd.
<b>3. NAME OF DECEASED</b> (First) Treva (Middle) Elizabeth (Last) Upperco		<b>4. DATE OF DEATH</b> Jan. 2 19 56	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH April 10, 1896
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	9. AGE last birthday 59 yrs. Months Days Hours Min.
13. FATHER'S NAME John U. Lester		11. BIRTHPLACE (State or foreign country) Hampstead, Maryland	12. CITIZEN OF WHAT COUNTRY? USA
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) no		16. SOCIAL SECURITY NO.	14. MOTHER'S MAIDEN NAME Emma Brilhart
17. INFORMANT & ADDRESS Leon R. Upperco Westminster, Md.		18. MEDICAL CERTIFICATION <i>Cerebral Hemorrhage</i> <i>Hypertension</i>	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>33IX</i> IMMEDIATE CAUSE (A) ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)		INTERVAL BETWEEN ONSET AND DEATH 5 minutes 5 years	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>2/7 1950</i> to <i>1/2 1956</i> , that I last saw the deceased alive on <i>1/1 1956</i> , and that death occurred at <i>11:15 A.M.</i> from the causes and on the date stated above. SIGNATURE <i>Julius Chepko</i> ADDRESS (Street, city, town, state) <i>130 E Green Westminster</i> DATE SIGNED <i>1/3/56</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	DATE THEREOF Jan. 5, 1955	NAME OF CEMETERY OR CREMATORIUM St. Paul's	LOCATION (City, town, or county) Arcadia, Maryland (State)
24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE <i>Hasan Miller</i>	25. FUNERAL DIRECTOR'S SIGNATURE John R. Byers Westminster, Md.	
DATE <i>1-6-56</i>	ADDRESS		

BY EQUALITY OF THE UNITED STATES OF AMERICA

CERTIFICATE OF REGISTRATION

NO.

REGISTRATION NUMBER

NAME OF EXHIBIT

REGISTRATION NUMBER

NAME

BUREAU V. S

JAN 9 1968

RECEIVED

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00457

466

## CERTIFICATE OF DEATH

Reg. Dist. No. 74

## INSTRUCTIONS

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a transit permit.

VS AISC 1-55 10M

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CITY (If outside corporate limits, write RURAL OR end give nearest town) TOWN	CARROLL MARYLAND	STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	Md. MONTGOMERY
HOSPITAL OR INSTITUTION OR STREET ADDRESS	SYKESVILLE SPRINGFIELD STATE HOSP.	LENGTH OF STAY (In this place)	GLEN ECHO 15X-2 (If rural give location)
3. NAME OF DECEASED (Type or Print)		4. DATE (Month) OF DEATH JAN 19, 1956 (Day) (Year)	
(First) ANNA	(Middle) MAE	(Last) YERKES	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOW	8. DATE OF BIRTH JAN. 25, 1875
9. AGE last birthday 80 yrs.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	11. KIND OF BUSINESS OR INDUSTRY Home	12. CITIZEN OF WHAT COUNTRY? Baltimore, Md.
13. FATHER'S NAME GEORGE F. FIFER	14. MOTHER'S MAIDEN NAME MARY BURNETT		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) Yes	16. SOCIAL SECURITY NO. York		17. INFORMANT & ADDRESS Hospital Records
18. MEDICAL CERTIFICATION UREMIA ARTERIOSCLEROSIS			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 450.0 IMMEDIATE CAUSE (A) ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)			
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. CBS associated with Senility			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 10-5, 1950, to 1-19, 1956, that I last saw the deceased alive on 1-19, 1956, and that death occurred at 8:45A from the causes and on the date stated above. SIGNATURE <i>June L. H. Green</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>	DATE THEREOF 1/24/56	NAME OF CEMETERY OR CREMATORIUM Greenmount Cemetery	LOCATION (City, town, or county) Baltimore, Md. (State)
24. REC'D BY REGISTRAR DATE Jan. 24, 1956	REGISTRAR'S SIGNATURE <i>P. Harry Weir</i>	25. FUNERAL DIRECTOR'S SIGNATURE Other F. H. Dimes Co.	ADDRESS 2901 14th St. NW Wash. D.C.

BY AUTHORITY OF THE STATE OF CALIFORNIA

EXTRADITION OF DEATH

STATE  
OF  
CALIFORNIA

BUREAU V. S.

JAN 26 1956

RECEIVED